

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 010213813

Report Date: 01/22/2019

Date Signed 01/22/2019 02:20:33 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
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This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/18/2019** and conducted by Evaluator Paul Peterson

PUBLIC	COMPLAINT CONTROL NUMBER: 02-CC-20190118094326
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FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER: 010213813
ADMINISTRATOR: PORTER, LOIS	FACILITY TYPE: 830
ADDRESS: 1220 53RD STREET	TELEPHONE: (510) 596-4343
CITY: EMERYVILLE	ZIP CODE: 94608
CAPACITY: 28	DATE: 01/22/2019
MET WITH: Quera Owens	UNANNOUNCED TIME BEGAN: 12:50 PM
	TIME COMPLETED: 02:20 PM

ALLEGATION(S):

1	Facility staff failed to notify authorized representatives of an illness outbreak
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Paul Petersen conducted an unannounced complaint investigation site
2	inspection for this facility regarding the above allegation. LPA met with site supervisor, Quera Owens,
3	and reviewed facility records. There were 16 infants and toddlers present today along with 7 staff. LPA
4	verified based on information gathered through interviews and a review of the facility records, that more
5	than two children at this facility were sick with a range of symptoms including fever, vomiting and
6	diarrhea and that there was no official, potential exposure posting/notification provided. Therefore, the
7	preponderance of evidence standard has been met and the above allegation is found to be
8	substantiated.
9	California Code of Regulations, Title 22, is being cited on the attached LIC 9099D for a Type B citation.
10	An exit interview was conducted with the site supervisor, and a plan of correction was discussed. The
11	deficiency was corrected while LPA was present as the facility posted an exposure notification and
12	contacted CCL to report the possible outbreak. A notice of site visit was printed and is to remain posted
13	for a period of 30 days. A printed copy of this report as well as licensee's appeal rights were provided.

Substantiated	Estimated Days of Completion:
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SUPERVISOR'S NAME: Anika Evans LICENSING EVALUATOR NAME: Paul Peterson LICENSING EVALUATOR SIGNATURE:	TELEPHONE: (510) 286-4350 TELEPHONE: (510) 622-2602 DATE: 01/22/2019
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/22/2019

This report must be available at Child Care and Group Home facilities for public review for 3 years.
 LIC9099 (FAS) - (06/04) Page: 1 of 2
Control Number 02-CC-20190118094326

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
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FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER **FACILITY NUMBER:** 010213813
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 01/22/2019

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 02/06/2019 Section Cited CCR 101212(f)	1	101212(f) The items specified in (d)(1) (A) through (H) above shall also be reported to the child's authorized representative which includes "outbreaks of any disease". This facility was not in compliance with this requirement as evidenced by LPA's verification	1	This deficiency was corrected while LPA was present at the facility as the facility staff posted an official exposure notification and contacted CCL to report the possible outbreak at this facility. Failure to correct will result in a \$100 per day civil penalty until corrected. Repeat
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	8	verification of the outbreak of a group of symptoms including fever, vomiting, diarrhea which affected more than two children at this facility and there was no exposure posting or official notification of the possible outbreak posing a potential health and safety risk to children.	8	violations are \$250 per violation and \$100 per day until corrected.
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Anika Evans LICENSING EVALUATOR NAME: Paul Peterson LICENSING EVALUATOR SIGNATURE:	TELEPHONE: (510) 286-4350 TELEPHONE: (510) 622-2602 DATE: 01/22/2019
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I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/22/2019

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 010213813

Report Date: 06/28/2018

Date Signed 06/28/2018 11:53:58 AM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
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This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/20/2018** and conducted by Evaluator Paul Peterson

PUBLIC	COMPLAINT CONTROL NUMBER: 02-CC-20180620130728
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FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER: 010213813
ADMINISTRATOR: PORTER, LOIS	FACILITY TYPE: 830
ADDRESS: 1220 53RD STREET	TELEPHONE: (510) 596-4343
CITY: EMERYVILLE	ZIP CODE: 94608
CAPACITY: 28	DATE: 06/28/2018
STATE: CA	TIME BEGAN: 09:20 AM
CENSUS: 17	TIME COMPLETED: 12:00 PM
UNANNOUNCED	
MET WITH:	

ALLEGATION(S):

1	Personal Rights: Staff failed to protect day care child from being bitten by another child in care
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Paul Petersen conducted an unannounced complaint investigation site
2	inspection for this facility. LPA met with child development manager, Quera Owens. Also present were 5
3	background cleared staff and 17 infants in care. Based on information gathered through interviews and a
4	review of the facility records, the preponderance of evidence standard has been met. Therefore, the
5	above allegation is found to be substantiated.
6	
7	California Code of Regulations, Title 22, is being cited on the attached LIC 9099D for a Type B citation.
8	
9	An exit interview was conducted with the child development manager and a plan of correction was
10	discussed and submitted by director. Appeal rights were given and explained. A printed copy of this
11	report as well as licensee's appeal rights were provided.
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Substantiated	Estimated Days of Completion:
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SUPERVISOR'S NAME: Anika Evans LICENSING EVALUATOR NAME: Paul Peterson LICENSING EVALUATOR SIGNATURE:	TELEPHONE: (510) 286-4350 TELEPHONE: (510) 622-2602 DATE: 06/28/2018
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/28/2018
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This report must be available at Child Care and Group Home facilities for public review for 3 years.
 LIC9099 (FAS) - (06/04) Page: 1 of 2
Control Number 02-CC-20180620130728

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
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FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER **FACILITY NUMBER:** 010213813
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 06/28/2018

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 07/12/2018 Section Cited CCR 101223(a)(1)	1 101223(a)(1) Personal Rights. Each 2 child shall be accorded dignity in his/her 3 personal relationships with staff, and 4 other persons. 5 The facility was not in compliance with 6 this regulation as evidenced by the 7 documented, repeated incidents of children in the "wobbler" classroom being	1 The facility agrees to develop, 2 document, and implement an 3 appropriate behavioral plan for child C2 4 which address C2's tendency toward 5 biting and ensures protection of the 6 other children in the classroom. The 7 facility also agrees to submit documentation of staff attendance/participation in training regarding
	8 bitten by one of the other children in the 9 classroom, C2, posing a potential risk 10 to the health and safety of children in 11 care. 12 13 14	8 the behavior plan for C2. Failure to 9 correct will result in a \$100 per day civil 10 penalty until corrected. Repeat 11 violations are \$250 per violation and 12 \$100 per day until corrected. 13 14 LPA received proof of correction materials while on site at this facility.
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Anika Evans LICENSING EVALUATOR NAME: Paul Peterson LICENSING EVALUATOR SIGNATURE:	TELEPHONE: (510) 286-4350 TELEPHONE: (510) 622-2602 DATE: 06/28/2018
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I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/28/2018

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 010213813

Report Date: 04/20/2018

Date Signed 04/20/2018 11:22:32 AM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER: 010213813
ADMINISTRATOR: PORTER, LOIS	FACILITY TYPE: 830
ADDRESS: 1220 53RD STREET	TELEPHONE: (510) 596-4343
CITY: EMERYVILLE	ZIP CODE: 94608
CAPACITY: 28	DATE: 04/20/2018
TYPE OF VISIT: Annual/Random	TIME BEGAN: 08:00 AM
MET WITH: Quera Owens	TIME COMPLETED: 11:40 AM
STATE: CA	
CENSUS: 11	
UNANNOUNCED	

NARRATIVE	
1	Licensing Program Analysts (LPA) Mayla Mendoza met with Child Development Manager, Quera Owens
2	for an unannounced ANNUAL/RANDOM inspection. The center was toured inside and out for a health
3	and safety inspection.
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5	PHYSICAL PLANT: The facility appears to be safe, sanitary and in good repair. There are no bodies of
6	water nor firearms/weapons in the premises. All the cleaning products and medicines were stored and
7	made inaccessible to the children. Furniture and playground equipment are in good condition including
8	cribs, changing tables and feeding chairs. Infant changing tables are placed within arm's reach of a sink.
9	The heating, cooling, and lighting were adequate. There is adequate storage for children's belongings.
10	The toys are safe and well maintained. The bathroom was toured and all faucets are in working order.
11	There is a separate staff bathroom. The kitchen is not accessible to children in care. The food
12	preparation area and storage areas are clean and in sanitary condition. There is a menu posted and
13	there are no cleaning supplies stored with food. Breakfast, lunch and snacks are provided by the center.
14	There is a variety of snacks available for children. Drinking water is available both indoors and outdoors.
15	The facility has a carbon monoxide and smoke detector. LPA inspected and verified that there are fire
16	extinguishers all throughout the facility and first aid kit is fully stocked. NAPPING EQUIPMENT: There
17	are mats available for children's use. Beddings and sheets are stored properly. INSPECTION of
18	INDOOR PLAY AREA: Indoor activity space provided for infants are physically separate from space
19	provided for child care center preschool component. INSPECTION of OUTDOOR PLAY AREA:
20	Playground equipment is being maintained in a good and safe condition. Outdoor activity space
21	provided for infants is physically separate from space provided from preschool. There is a shaded area
22	provided for the children. RECORD REVIEWS: A physical census was taken of all children present and
23	crossed referenced with the sign in and out sheet. LPA reviewed children's and staffs records. Infants
24	have their individual feeding plan and needs and services on file. Opening and closing staff have current
25	CPR and first aid training.

SUPERVISOR'S NAME: Diane Perez	TELEPHONE: (510) 622-2593
LICENSING EVALUATOR NAME: Mayla Mendoza	TELEPHONE: (510) 622-2602
LICENSING EVALUATOR SIGNATURE:	DATE: 04/20/2018
I acknowledge receipt of this form and understand my licensing appeal rights as explained and	

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/20/2018

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1515 CLAY STREET, SUITE
1102
OAKLAND, CA 94612

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT
CENTER

FACILITY NUMBER: 010213813

VISIT DATE: 04/20/2018

NARRATIVE

1 **POSTING REQUIREMENTS:** License and other relevant notices are visible for public views and
2 correctly posted on the wall. Fire and disaster drills are being conducted as scheduled every six months.
3 Incidental Medical Services (IMS) policy was discussed. For IMS information see Evaluator Manual -
4 Regulation Interpretations and Procedures for Child Care Centers Sections 101173 and 101226. When
5 any IMS is provided, an updated Plan of Operation that includes IMS must be submitted to the
6 Department. The following information regarding ADA was provided: US Department of Justice
7 (USDOJ) toll-free ADA Information Line at (800) 514-0301 (voice)/ (800) 514-0383 (TTY) and link to
8 publication: Commonly Asked Questions about Child Care Centers and the ADA, available at:
9 <http://www.ada.gov/childqanda.htm>
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11 Exit interview was conducted. Notice of Site visit was posted at the time of inspection and must remain
12 posted for 30 days.
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SUPERVISOR'S NAME: Diane Perez

LICENSING EVALUATOR NAME: Mayla Mendoza

LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (510) 622-2593

TELEPHONE: (510) 622-2602

DATE: 04/20/2018

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/20/2018

LIC809 (FAS) - (06/04)

Page: 2 of 2

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 010213813

Report Date: 11/17/2017

Date Signed 11/17/2017 12:40:12 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER: 010213813
ADMINISTRATOR: PORTER, LOIS	FACILITY TYPE: 830
ADDRESS: 1220 53RD STREET	TELEPHONE: (510) 596-4343
CITY: EMERYVILLE	ZIP CODE: 94608
CAPACITY: 44	DATE: 11/17/2017
TYPE OF VISIT: Case Management - Licensee Initiated	TIME BEGAN: 09:00 AM
MET WITH: Susan Stevenson	TIME COMPLETED: 01:00 PM
STATE: CA	
CENSUS: 18	
UNANNOUNCED	

NARRATIVE	
1	A Case Management inspection was conducted today by Licensing Program Analysts (LPA) Wynn Norona and Cherie Acosta. An application was submitted to decrease capacity for the Infant Program from 44 to 28 children in two classrooms. This is a combination center with Preschool component (#010213812). The former Toddler room next to the Multipurpose Room will now be added to the Preschool program. The program will continue to operate Monday through Friday from 7:30am to 6pm. There are 18 infants with 7 fingerprint cleared staffs present today. A health and safety inspection was conducted inside and outside and the measurements are as follows:
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9	INDOOR: 1402.14 square feet = 40 children OUTDOOR: 2261.4 square feet= 30 children
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11	The center has obtained an approved fire clearance from Emeryville Fire Department on 11/3/17. There are no bodies of water nor any firearms or weapons in the premises. Storage for cleaning supplies are locked and made inaccessible to children. Furniture and equipment are free of any hazards. The classrooms are equipped with age appropriate materials and equipment. There is a carbon monoxide detector, smoke detector, and fire extinguishers are available all throughout the center. Heating, lighting, and air conditioner are adequate. First Aid Kit is available. Each child has individual storage for their belongings.
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20	LPAs reminded Ms. Stevenson that infant should never be left unattended. The facility is within ratio today with one teacher for every 4 infants. Infants have their individual feeding plan and infant needs and services and infant teachers are qualified with current CPR and first aid training. LPAs inspected the cribs, mats, and feeding chairs are in good condition. Napping equipment and changing tables are available. Toys are safe and free of sharp points. Bottles, dishes, container are labeled with date. Indoor and outdoor activity space is separate from Preschool component. The center will be serving up to 10 crib-aged infants.
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SUPERVISOR'S NAME: Diane Perez	TELEPHONE: (510) 622-2593
LICENSING EVALUATOR NAME: Wynn Norona	TELEPHONE: 510-542-4257
LICENSING EVALUATOR SIGNATURE:	DATE: 11/17/2017

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/17/2017

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

Page: 1 of 2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1515 CLAY STREET, SUITE
1102
OAKLAND, CA 94612

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT
CENTER

FACILITY NUMBER: 010213813

VISIT DATE: 11/17/2017

NARRATIVE

1 The play yard is fenced in all around. Play structures are sufficiently cushioned. Shades and building
2 overhang provide sufficient shade in the play yard. The Multipurpose Room is a shared space between
3 Preschool and Infant program. Commingling between two program is never allowed. The center will set
4 a schedule for the use of the room. Licensing postings are visible for public views and correctly posted
5 on the wall. The sign in/out sheet provide for parent's full signature.

7 LPAs reminded Ms. Stevenson to sanitize and clean the toys/play equipment periodically. Water is
8 available inside and outside. There are 3 toilets and 7 sinks available for children. The staff has a
9 separate bathroom. The office will serve as isolation area for sick children while waiting for parents to
10 pick them up. The kitchen is not accessible to children. The center will provide lunch, morning and
11 afternoon snacks. There is a sample menu posted on the Licensing board.

13 Ms. Stevenson stated that they have submitted the Incidental Medical Services (IMS) Plan of Operation
14 to Licensing. LPAs requested a copy of the IMS plan of operation during the visit. Incidental Medical
15 Services (IMS) policy was discussed. For IMS information see Evaluator Manual - Regulation
16 Interpretations and Procedures for Child Care Centers Sections 101173 and 101226. When any IMS is
17 provided, an updated Plan of Operation that includes IMS must be submitted to the Department. The
18 following information regarding ADA was provided: US Department of Justice (USDOJ) toll-free ADA
19 Information Line at (800) 514-0301 (voice)/ (800) 514-0383 (TTY) and link to publication: Commonly
20 Asked Questions about Child Care Centers and the ADA, available at:
21 <http://www.ada.gov/childganda.htm>

24 Zero Tolerance policies were explained. The center was found to be clean, safe, sanitary, and in good
25 repair. An exit interview was conducted with applicant, Susan Stevenson. LPAs provided a copy of the
26 appeal rights and the signature on this form acknowledges receipt of these rights. Assembly Bill 633
27 Fact Sheet was given and discussed with the director. Notice of Site visit was posted at the time of
28 inspection, and must remain posted for 30 days.

30 A license for 28 infants is recommended effective today, November 17, 2017.

SUPERVISOR'S NAME: Diane Perez

TELEPHONE: (510) 622-2593

LICENSING EVALUATOR NAME: Wynn Norona

TELEPHONE: 510-542-4257

LICENSING EVALUATOR SIGNATURE:

DATE: 11/17/2017

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/17/2017

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 010213813

Report Date: 02/24/2017

Date Signed 02/24/2017 04:26:29 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
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FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER: 010213813
ADMINISTRATOR: PORTER, LOIS	FACILITY TYPE: 830
ADDRESS: 1220 53RD STREET	TELEPHONE: (510) 596-4343
CITY: EMERYVILLE	ZIP CODE: 94608
CAPACITY: 44	DATE: 02/24/2017
TYPE OF VISIT: POC	TIME BEGAN: 01:10 PM
MET WITH: Lois Porter	TIME COMPLETED: 04:45 PM
STATE: CA	
CENSUS: 0	
UNANNOUNCED	

NARRATIVE	
1	Licensing Program Analyst Belinda Devall met with Director Lois Porter for the purpose of an
2	UNANNOUNCED PLAN OF CORRECTION VISIT. The facility closed early for a staff development day.
3	The facility was toured.
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6	The following corrections have been made:
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8	The facility submitted a written procedure that was sent to all parents regarding the proper procedure for
9	sign in/out.
10	The toilet and sink is now in safe and operating order.
11	Infant needs and services plans have been updated.
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15	A Letter of Deficiency Citations Cleared will be issued today clearing the citations issued on
16	01/20/2017.
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19	There were no deficiencies cited today. A notice of site visit was given and must remain posted for 30
20	days. Exit interview conducted.
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SUPERVISOR'S NAME: Ann Robinson	TELEPHONE: (510) 622-2591
LICENSING EVALUATOR NAME: Belinda DeVall	TELEPHONE: (510) 725-7107
LICENSING EVALUATOR SIGNATURE:	DATE: 02/24/2017
I acknowledge receipt of this form and understand my licensing appeal rights as explained and	

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/24/2017

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 010213813

Report Date: 01/20/2017

Date Signed 01/20/2017 05:59:44 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER: 010213813
ADMINISTRATOR: PETE, TANYA	FACILITY TYPE: 830
ADDRESS: 1220 53RD STREET	TELEPHONE: (510) 596-4343
CITY: EMERYVILLE	ZIP CODE: 94608
CAPACITY: 44	DATE: 01/20/2017
TYPE OF VISIT: Annual/Random	UNANNOUNCED TIME BEGAN: 01:45 PM
MET WITH: Susan Stevenson	TIME COMPLETED: 06:15 PM

NARRATIVE

1 (3) Licensing Program Analyst Belinda Devall met with for an **UNANNOUNCED ANNUAL VISIT**.
2 Present for this visit was 5 staff members and 23 napping infants. This facility was toured to conduct a
3 Health and Safety Inspection.
4 The changing tables have a padded surface no less than one inch thick, at least three inches thick and
5 is covered. The infant napping equipment meets the requirements. There are ample age appropriate
6 toys that appear to be safe and in good condition. The furniture and equipment is in safe condition and
7 is free from sharp, loose or pointed parts. There are no pools, hot tubs or any other bodies of water. All
8 hazardous materials and toxins are kept out of the reach of children. A toilet and a sink is not working in
9 the toddler room which has been reported and a work order has been issued. All storage containers for
10 solid waste has tight-fitting covers that are kept on and in good repair. All surfaces accessible to children
11 is clean and toxic free. The sign in/out binder was reviewed and found some children not properly
12 signed in. A menu was posted and visible for review. The playground equipment is in safe condition and
13 free from sharp, loose or pointed parts and the areas around or under high climbing equipment has
14 appropriate cushioned material that absorbs a fall. Uncontaminated drinking water is provided both
15 indoors and outdoors. All staff subjected to criminal review have been cleared and associated to this
16 facility. Staff files were reviewed and each staff members file contain their education background with
17 the appropriate credits. Staff certification in CPR and First Aid is current and valid for opening and
18 closing staff members at this site. Children's files were review and each child's files contained a copy of
19 their medical assessment but some infant needs and services plan were not updated quarterly. This
20 facility plans to provide Incidental Medical Services – IMS. For IMS information, see Evaluator Manual -
21 Regulation Interpretations and Procedures for Child Care Centers Sections 101173 and 101226. A Plan
22 of Operation that includes IMS must be submitted to the Department. The following information
23 regarding ADA was provided: US Department of Justice (USDOJ) toll-free ADA Information Line at (800)
24 514-0301 (voice)/ (800) 514-0383 (TTY) and link to publication: Commonly Asked Questions about Child
25 Care Centers and the ADA, available at: <http://www.ada.gov/childqanda.htm>
CONTINUED ON PAGE 2.....

SUPERVISOR'S NAME: Ann Robinson

LICENSING EVALUATOR NAME: Belinda DeVall

LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (510) 622-2591

TELEPHONE: (510) 725-7107

DATE: 01/20/2017

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/20/2017

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

Page: 1 of 3

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER

FACILITY NUMBER: 010213813

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/20/2017

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 02/20/2017 Section Cited 101229.1(a)(1)	1 Sign In and Out. The person who signs the 2 child in/out shall use his/her full legal 3 signature and shall record the time of day. 4 5 Some children were not properly signed in 6 or out of the facility. 7	1 By 02/20/2017, Director shall develop, 2 maintain, and implement a written 3 procedure to sign the child in/out of the 4 child care center and provide a copy of the 5 written procedure to the analyst by fax, 6 mail or email. 7
Type B 02/20/2017 Section Cited 101419.3(a)	1 Modifications to Infant Needs and Services 2 Plan. The written infant needs and services 3 plan shall be updated at least quarterly, or 4 as often as necessary to assure its 5 accuracy. 6 7 Some needs and services plans were not updated quarterly.	1 By 02/20/2017, Director will submit the 2 updated needs and services plans to 3 analyst by fax, mail or email. 4 5 6 7
Type B 02/03/2017 Section Cited 101239(e)(4)	1 Fixtures, Furniture, Equipment and 2 Supplies. All toilets, hand-washing and 3 bathing facilities shall be kept in safe and 4 sanitary operation and shall be ADA 5 compliant. 6 A toilet and a sink is not working in the 7 toddler room which has been reported and a work order has been issued.	1 By 02/03/2017, Director will ensure that all 2 toilets and sinks are in safe and sanitary 3 operating order. 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Ann Robinson

LICENSING EVALUATOR NAME: Belinda DeVall

LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (510) 622-2591

TELEPHONE: (510) 725-7107

DATE: 01/20/2017

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/20/2017

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1515 CLAY STREET, SUITE
1102
OAKLAND, CA 94612

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT
CENTER

FACILITY NUMBER: 010213813

VISIT DATE: 01/20/2017

NARRATIVE

- 1 See 809-D for deficiencies cited today. A notice of site visit was given and must remain posted for 30
- 2 days. Exit interview conducted and appeal rights provided.
- 3
- 4 **Director is reminded that ALL staff members, volunteers or frequent visitors that are 18 years of**
- 5 **age or older must be fingerprint cleared and associated to this facility prior to being in the**
- 6 **presence of children in care or an immediate civil penalty will be assessed from \$100 to \$3000**
- 7 **per person, per incident. All forms can be downloaded at www.cclld.ca.gov and for day care**
- 8 **updates visit www.myccl.ca.gov**
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SUPERVISOR'S NAME: Ann Robinson

TELEPHONE: (510) 622-2591

LICENSING EVALUATOR NAME: Belinda DeVall

TELEPHONE: (510) 725-7107

LICENSING EVALUATOR SIGNATURE:

DATE: 01/20/2017

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/20/2017

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 010213813

Report Date: 05/03/2016

Date Signed 05/03/2016 12:42:51 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
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This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/22/2016** and conducted by Evaluator Dayna Collier

PUBLIC	COMPLAINT CONTROL NUMBER: 02-CC-20160222153418
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FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER: 010213813
ADMINISTRATOR: PETE, TANYA	FACILITY TYPE: 830
ADDRESS: 1220 53RD STREET	TELEPHONE: (510) 596-4343
CITY: EMERYVILLE	ZIP CODE: 94608
CAPACITY: 44	DATE: 05/03/2016
STATE: CA	UNANNOUNCED TIME BEGAN: 12:00 PM
CENSUS: 12	TIME COMPLETED: 12:45 PM
MET WITH: Pedro Jimenez	

ALLEGATION(S):

1	PERSONAL RIGHTS: Inappropriate touching of Teacher to Child
2	
3	
4	
5	
6	
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8	
9	

INVESTIGATION FINDINGS:

1	LPA Dayna Collier met with Pedro Jimenez, Director of Community Services, for a complaint
2	investigation regarding the above allegation. During the course of the investigation, interviews were
3	conducted. It was alleged that a child reported that a staff member touched his butt. Diapering logs
4	revealed that no physical contact during toileting had taken place between the child and this staff
5	member. Interviews did not disclose sufficient details to prove or disprove that a child's personal rights
6	were violated by a staff member while in care.
7	Although the allegation may have happened or is valid, there is not a preponderance of evidence to
8	prove the alleged violation did or did not occur. Therefore, the allegation is inconclusive.
9	
10	A SITE VISIT NOTICE WAS POSTED.
11	
12	
13	

Inconclusive	Estimated Days of Completion:
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SUPERVISOR'S NAME: Zakiya Ali	TELEPHONE: (510) 622-2592
LICENSING EVALUATOR NAME: Dayna Collier	TELEPHONE: 510-725-7021
LICENSING EVALUATOR SIGNATURE:	DATE: 05/03/2016
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/03/2016

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 010213813

Report Date: 04/13/2016

Date Signed 04/13/2016 01:06:33 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
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FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER: 010213813
ADMINISTRATOR: PETE, TANYA	FACILITY TYPE: 830
ADDRESS: 1220 53RD STREET	TELEPHONE: (510) 596-4343
CITY: EMERYVILLE	ZIP CODE: 94608
CAPACITY: 44	DATE: 04/13/2016
TYPE OF VISIT: Case Management - Incident	UNANNOUNCED TIME BEGAN: 12:30 PM
MET WITH: Pedro Jimenez	TIME COMPLETED: 02:00 PM

NARRATIVE	
1	LPA Dayna Collier met with Pedro Jimenez, Director of Community Services, for a case management
2	visit as a result of receiving an unusual incident report. An incident occurred when a staff member took a
3	child by the hand and attempted to lift the child from the floor to a standing position. Although the staff
4	member admitted to having received training to properly assist and/or lift children in care, the staff
5	member failed to apply that training. Failure to use proper procedures resulted in the child suffering from
6	a dislocated elbow. The child's parent was contacted and the child received medical treatment.
7	
8	The attached type B deficiency is cited today and must be corrected by the due date.
9	An exit interview was conducted. Licensee was provided a copy of their appeal rights (LIC 9058 12/15)
10	and the signature on this form acknowledges receipt of these rights.
11	
12	A site visit notice was posted by Director.
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SUPERVISOR'S NAME: Zakiya Ali	TELEPHONE: (510) 622-2592
LICENSING EVALUATOR NAME: Dayna Collier	TELEPHONE: 510-725-7021
LICENSING EVALUATOR SIGNATURE:	DATE: 04/13/2016
I acknowledge receipt of this form and understand my licensing appeal rights as explained and	

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/13/2016

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

Page: 1 of 2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER

FACILITY NUMBER: 010213813

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/13/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 04/20/2016 Section Cited 101223(a)(3)	1 101223(a)(3) Personal Rights. Each child 2 shall be free from corporal or unusual 3 punishment, humiliation, intimidation, 4 ridicule, coercion, threat, mental abuse, or 5 other actions of a punitive nature. 6 A CHILD SUFFERED AN INJURY WHEN 7 STAFF ATTEMPTED TO LIFT THE CHILD INAPPROPRIATELY.	1 POC: By 4/20/16, a written plan of action 2 must be submitted to Licensing detailing 3 the steps that will be taken to ensure 4 children's personal rights are not violated 5 by the actions or procedures used by staff. 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Dayna Collier

TELEPHONE: 510-725-7021

LICENSING EVALUATOR SIGNATURE:

DATE: 04/13/2016

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/13/2016

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 010213813

Report Date: 02/24/2016

Date Signed 02/24/2016 04:43:57 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER: 010213813
ADMINISTRATOR: PETE, TANYA	FACILITY TYPE: 830
ADDRESS: 1220 53RD STREET	TELEPHONE: (510) 596-4343
CITY: EMERYVILLE	ZIP CODE: 94608
CAPACITY: 44	DATE: 02/24/2016
TYPE OF VISIT: Case Management - Deficiencies UNANNOUNCED	TIME BEGAN: 03:30 PM
MET WITH: Tanya Pete	TIME COMPLETED: 05:00 PM

NARRATIVE	
1	LPA Dayna Collier met with Center Director Tanya Pete for a case management visit. Also present for
2	the visit were Pedro Jimenez, Director of Community Services and Cindy Montero, Assistant City
3	Manager. An unusual incident occurred that the facility failed to report to Licensing in the required time
4	frame.
5	
6	The attached type A deficiency is cited and must be corrected by the due date.
7	Upon receipt, licensee shall post and provide copies of this licensing report to parent/guardians of children in care
8	at the facility and to parents/guardians of children newly enrolled at the facility during the next 12 months.
9	
10	An exit interview was conducted. The director was provided a copy of the appeal rights (LIC 9058 12/15)
11	and her signature on this form acknowledges receipt of these rights.
12	
13	A site visit notice was posted by Director.
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SUPERVISOR'S NAME: Zakiya Ali	TELEPHONE: (510) 622-2592
LICENSING EVALUATOR NAME: Dayna Collier	TELEPHONE: 510-725-7021
LICENSING EVALUATOR SIGNATURE:	DATE: 02/24/2016
I acknowledge receipt of this form and understand my licensing appeal rights as explained and	

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/24/2016

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

Page: 1 of 2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER

FACILITY NUMBER: 010213813

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/24/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 02/25/2016 Section Cited 101212d(1)C	101212(d)(1)(C) Reporting Requirements. 1 Any unusual incident or child absence that 2 threatens the physical or emotional health 3 or safety of a child shall be reported to the 4 Department within 24 hours of the 5 occurrence. 6 THE FACILITY FAILED TO REPORT AN 7 UNUSUAL INCIDENT TO LICENSING WITHIN THE REQUIRED TIME FRAME.	1 POC: Prior to today's visit, an unusual 2 incident report was submitted to Licensing 3 after the deadline for reporting incidents. 4 Certification on proof of correction form 5 was received from Director certifying the 6 knowledge of the reporting requirements. 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Dayna Collier

TELEPHONE: 510-725-7021

LICENSING EVALUATOR SIGNATURE:

DATE: 02/24/2016

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/24/2016

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 010213813

Report Date: 01/28/2016

Date Signed 01/28/2016 03:50:50 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
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FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER: 010213813
ADMINISTRATOR: PETE, TANYA	FACILITY TYPE: 830
ADDRESS: 1220 53RD STREET	TELEPHONE: (510) 596-4343
CITY: EMERYVILLE	ZIP CODE: 94608
CAPACITY: 44	DATE: 01/28/2016
TYPE OF VISIT: Case Management - Incident	UNANNOUNCED TIME BEGAN: 02:00 PM
MET WITH: Tanya Harris	TIME COMPLETED: 04:00 PM

NARRATIVE	
1	LPA Dayna Collier met with Program Manager Tanya Harris for a case management visit as a result of
2	receiving an unusual incident report. An incident occurred when a staff member was supervising
3	children on the playground. An older sibling of a child in care entered the playground, grabbed the
4	sibling by the hand and guided the sibling back through the classroom out of the classroom door.
5	Although the siblings' mother was talking in the courtyard, the staff member supervising the children on
6	the yard was not aware when she allowed the children to leave. Following the incident, administrative
7	action was taken with the staff member involved.
8	
9	The attached type A deficiency is cited today and must be corrected by the due date.
10	Upon receipt, licensee shall post and provide copies of this licensing report to parent/guardians of children in care
11	at the facility and to parents/guardians of children newly enrolled at the facility during the next 12 months.
12	
13	An exit interview was conducted. Licensee was provided a copy of their appeal rights (LIC 9058 12/15)
14	and their signature on this form acknowledges receipt of these rights.
15	
16	A site visit notice was posted.
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SUPERVISOR'S NAME: Zakiya Ali	TELEPHONE: (510) 622-2592
LICENSING EVALUATOR NAME: Dayna Collier	TELEPHONE: 510-725-7021
LICENSING EVALUATOR SIGNATURE:	DATE: 01/28/2016
I acknowledge receipt of this form and understand my licensing appeal rights as explained and	

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/28/2016

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

Page: 1 of 2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER

FACILITY NUMBER: 010213813

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/28/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 02/04/2016 Section Cited 101229(a)(1)	1 101229(a)(1) Care and Supervision. No 2 child(ren) shall be left without the 3 supervision, including visual observation, of 4 a teacher at any time except as specified in 5 sections 101216.2(e)(1) and 101230(c)(1). 6 A STAFF MEMBER FAILED TO 7 INTERVENE AND PREVENT A SIBLING FROM REMOVING HIS YOUNGER SIBLING FROM THE CLASSROOM.	1 POC: By 2/4/16, a written plan of action 2 must be submitted to Licensing detailing 3 the sign in and out procedure staff will 4 follow to ensure visual supervision at all 5 times. 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Dayna Collier

TELEPHONE: 510-725-7021

LICENSING EVALUATOR SIGNATURE:

DATE: 01/28/2016

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/28/2016

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 010213813

Report Date: 09/09/2015 12:00:00 AM

Date Signed 09/09/2015 09:55:52 AM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
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FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER: 010213813
ADMINISTRATOR: GARCIA-ORTIZ, DIANA	FACILITY TYPE: 830
ADDRESS: 1220 53RD STREET	TELEPHONE: (510) 596-4343
CITY: EMERYVILLE	ZIP CODE: 94608
CAPACITY: 44	DATE: 09/09/2015
TYPE OF VISIT: Case Management - Other	UNANNOUNCED TIME BEGAN: 08:45 AM
MET WITH: Tanya Pete and Tanya Harris	TIME COMPLETED: 10:10 AM

NARRATIVE	
1	Licensing Program Analyst Lisa Dyer met with Tanya Pete and Tanya Harris for an unannounced Case
2	Management/Plan of Correction Visit to review items cited on 7/10/15. Present today are 7 infants and 2
3	fingerprint cleared teachers.
4	
5	During a previous inspection, the following was cited:
6	
7	
8	1. Rugs and floor area needed to be cleaned.
9	2. Infant bottles and cups needed to be labeled.
10	
11	The deficiencies listed above have been corrected as follows:
12	
13	1a. Rugs and floors in the infant area have been cleared.
14	2a. All infant bottles and cups are labeled.
15	
16	See cleared POC dated 9/09/15.
17	
18	Today no deficiencies were cited. Exit interview conducted. Appeal rights and AB 633 Fact Sheet was
19	discussed and given. This report must be kept available for public review for 3 years, and notice of site visit must
20	be posted for 30 days.
21	
22	
23	
24	
25	

SUPERVISOR'S NAME: Ann Robinson	TELEPHONE: (510) 622-2591
LICENSING EVALUATOR NAME: Phyllis Dyer	TELEPHONE: (510) 622-2602
LICENSING EVALUATOR SIGNATURE:	DATE: 09/09/2015
I acknowledge receipt of this form and understand my licensing appeal rights as explained and	

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/09/2015

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 010213813

Report Date: 07/10/2015 12:00:00 AM

Date Signed 07/10/2015 05:41:28 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER: 010213813
ADMINISTRATOR: GARCIA-ORTIZ, DIANA	FACILITY TYPE: 830
ADDRESS: 1220 53RD STREET	TELEPHONE: (510) 596-4343
CITY: EMERYVILLE	ZIP CODE: 94608
CAPACITY: 44	DATE: 07/10/2015
TYPE OF VISIT: Annual/Random	TIME BEGAN: 09:00 AM
MET WITH: Tanya Harris	TIME COMPLETED: 05:00 PM
STATE: CA	CENSUS: 36
UNANNOUNCED	

NARRATIVE	
1	(2) LPA Lisa Dyer and LPM Ann Robinson met with Tanya Harris for an annual/random inspection .
2	Ms. Harris is the new administrative director. The facility is currently operating with a center director. Ms.
3	Harris is in the process of appointing a head teacher as director. The head teacher will work under the
4	administrative director. This is a combination center with 28 children and 7 staff in the preschool
5	component, and 36 infants 9 and staff in the infant center. Sign-in/sign-out sheets list the time and
6	parents' full signature. There is a working phone. Fire/emergency drills are held monthly. Director and
7	Designation of Facility Responsibility will be updated. Updated posting were given to the director to post
8	in each classroom.
9	Classroom furniture is in good condition. There are toys, books and educational supplies available.
10	Floors were clean and safe. There is adequate heating, ventilation, and lighting. Bathroom toilets and
11	sinks are working properly. The children are able to reach the sinks. There were adequate bathroom
12	supplies. Kitchen area (including storage areas for food) was clean. No insects or pests were seen.
13	There were storage containers with lids for solid waste in the kitchen. A sample of food product was
14	examined for freshness and expiration dates; there was adequate food for children who did not bring
15	their own and for emergencies Food is prepared outside the facility. The center supplies breakfast, lunch
16	and snacks. Menus were posted. Inside , there is proper storage areas for each child with cubbies.
17	There is adequate napping equipment (mats). Blankets are sent home to be washed. How during the
18	visit the individual bedding was touching while stored. There is drinking water available. Director stated
19	that there were no bodies of water or firearms on the premises. There is a first aid kit located in each
20	classroom. Cleaning supplies are inaccessible to children. There were no children requiring
21	medications at the current time. Outside play area (securely fenced) is safe and free of hazards. There
22	were a variety of toys and play materials. The area around the climbing playground equipment is
23	cushioned with material that absorbs a fall. There is an outside shaded area.
24	Children's files were not examined during this inspection. Staff rest room is located adjacent to each
25	classroom. All opening and closing teachers have current CPR/First Aid.

SUPERVISOR'S NAME: Ann Robinson	TELEPHONE: (510) 622-2591
LICENSING EVALUATOR NAME: Phyllis Dyer	TELEPHONE: (510) 622-2602
LICENSING EVALUATOR SIGNATURE:	DATE: 07/10/2015
I acknowledge receipt of this form and understand my licensing appeal rights as explained and	

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/10/2015

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

Page: 1 of 2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER

FACILITY NUMBER: 010213813

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/10/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 08/07/2015 Section Cited 101438.1(c)(2)	(2) Carpeted floors and large throw rugs that cannot be washed shall be vacuumed at least daily and cleaned at least every six months, or more often if necessary. Carpets throughout both programs were soiled. Infant carpeted climbing ramp were also soiled along with the decorative cushion.	Director must have the areas clean and in good repair by the Plan of correction date. Proof of correction must be sent into licensing.
Type B 07/14/2015 Section Cited 101427(e)(1)(A)	Infant Care Food Services:Bottles shall be labeled. All bottles/cups were not labeled with children name	Facility will ensure that all infant bottles/cups are labeled with their names

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Ann Robinson

TELEPHONE: (510) 622-2591

LICENSING EVALUATOR NAME: Phyllis Dyer

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR SIGNATURE:

DATE: 07/10/2015

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/10/2015

Facility Detail

EMERYVILLE CHILD DEVELOPMENT CENTER

Stay Updated

Status: Licensed

Lic. Date: 8/19/1991

Address:

1220 53RD STREET

EMERYVILLE, CA 94608

Licensee Name: CITY OF EMERYVILLE

Phone: (510) 596-4343

Facility Number: 010213813

Facility 28

Capacity:

Facility Type: INFANT CENTER

State Licensing Office Contact Information ⓘ

Address: 1515 CLAY STREET, SUITE 1102

OAKLAND, CA 94612

Phone: (510) 622-2602

[Back \[New Search \(/Search/ChildCare\)\]](#) [\[Email Facility Info \(/Email/info/10213813\)\]](#)

All Visits

Citations

Inspections

Complaints

Other Visits

View Location

Reports

Type A Citation: ⓘ 2

Type B Citation: ⓘ 8

One or more citations may be under appeal and/or may have been corrected. Contact the State Licensing Office for more information.

[Back \[New Search \(/Search/ChildCare\)\]](#) [\[Email Facility Info \(/Email/info/10213813\)\]](#)

Facility Detail FAQ

- ⓘ I have questions about this facility. Where can I get the answers?
- ⓘ Where can I find out more about how facilities are regulated in California?
- ⓘ Why does it show "No date on file" for a license date?
- ⓘ What does "Pending" status mean?

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 010213813

Report Date: 01/22/2019

Date Signed 01/22/2019 02:20:33 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/18/2019** and conducted by Evaluator Paul Peterson

PUBLIC	COMPLAINT CONTROL NUMBER: 02-CC-20190118094326
FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER: 010213813
ADMINISTRATOR: PORTER, LOIS	FACILITY TYPE: 830
ADDRESS: 1220 53RD STREET	TELEPHONE: (510) 596-4343
CITY: EMERYVILLE	ZIP CODE: 94608
CAPACITY: 28	DATE: 01/22/2019
STATE: CA	UNANNOUNCED TIME BEGAN: 12:50 PM
CENSUS: 16	TIME COMPLETED: 02:20 PM
MET WITH: Quera Owens	

ALLEGATION(S):

1	Facility staff failed to notify authorized representatives of an illness outbreak
2	
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Paul Petersen conducted an unannounced complaint investigation site
2	inspection for this facility regarding the above allegation. LPA met with site supervisor, Quera Owens,
3	and reviewed facility records. There were 16 infants and toddlers present today along with 7 staff. LPA
4	verified based on information gathered through interviews and a review of the facility records, that more
5	than two children at this facility were sick with a range of symptoms including fever, vomiting and
6	diarrhea and that there was no official, potential exposure posting/notification provided. Therefore, the
7	preponderance of evidence standard has been met and the above allegation is found to be
8	substantiated.
9	California Code of Regulations, Title 22, is being cited on the attached LIC 9099D for a Type B citation.
10	An exit interview was conducted with the site supervisor, and a plan of correction was discussed. The
11	deficiency was corrected while LPA was present as the facility posted an exposure notification and
12	contacted CCL to report the possible outbreak. A notice of site visit was printed and is to remain posted
13	for a period of 30 days. A printed copy of this report as well as licensee's appeal rights were provided.

Substantiated	Estimated Days of Completion:
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SUPERVISOR'S NAME: Anika Evans
LICENSING EVALUATOR NAME: Paul Peterson
LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (510) 286-4350
TELEPHONE: (510) 622-2602
DATE: 01/22/2019

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/22/2019

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC9099 (FAS) - (06/04)

Page: 1 of 2

Control Number 02-CC-20190118094326

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1515 CLAY STREET, SUITE
1102
OAKLAND, CA 94612

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT
CENTER

FACILITY NUMBER: 010213813

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/22/2019

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 02/06/2019 Section Cited CCR 101212(f)	1 101212(f) The items specified in (d)(1) 2 (A) through (H) above shall also be 3 reported to the child's authorized 4 representative which includes 5 "outbreaks of any disease". This facility 6 was not in compliance with this 7 requirement as evidenced by LPA's verification	1 This deficiency was corrected while 2 LPA was present at the facility as the 3 facility staff posted an official exposure 4 notification and contacted CCL to report 5 the possible outbreak at this facility. 6 Failure to correct will result in a \$100 7 per day civil penalty until corrected. Repeat
	8 verification of the outbreak of a group of 9 symptoms including fever, vomiting, 10 diarrhea which affected more than two 11 children at this facility and there was no 12 exposure posting or official notification 13 of the possible outbreak posing a 14 potential health and safety risk to children.	8 violations are \$250 per violation and 9 \$100 per day until corrected. 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Anika Evans
LICENSING EVALUATOR NAME: Paul Peterson
LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (510) 286-4350
TELEPHONE: (510) 622-2602
DATE: 01/22/2019

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/22/2019

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 010213813

Report Date: 06/28/2018

Date Signed 06/28/2018 11:53:58 AM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/20/2018** and conducted by Evaluator Paul Peterson

PUBLIC	COMPLAINT CONTROL NUMBER: 02-CC-20180620130728
FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER: 010213813
ADMINISTRATOR: PORTER, LOIS	FACILITY TYPE: 830
ADDRESS: 1220 53RD STREET	TELEPHONE: (510) 596-4343
CITY: EMERYVILLE	ZIP CODE: 94608
CAPACITY: 28	DATE: 06/28/2018
	UNANNOUNCED TIME BEGAN: 09:20 AM
MET WITH:	TIME COMPLETED: 12:00 PM

ALLEGATION(S):

1	Personal Rights: Staff failed to protect day care child from being bitten by another child in care
2	
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Paul Petersen conducted an unannounced complaint investigation site
2	inpection for this facility. LPA met with child development manager, Quera Owens. Also present were 5
3	background cleared staff and 17 infants in care. Based on information gathered through interviews and a
4	review of the facility records, the preponderance of evidence standard has been met. Therefore, the
5	above allegation is found to be substantiated.
6	
7	California Code of Regulations, Tittle 22, is being cited on the attached LIC 9099D for a Type B citation.
8	
9	An exit interview was conducted with the child development manager and a plan of correction was
10	discussed and submitted by director. Appeal rights were given and explained. A printed copy of this
11	report as well as licensee's appeal rights were provided.
12	
13	

Substantiated	Estimated Days of Completion:
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SUPERVISOR'S NAME: Anika Evans LICENSING EVALUATOR NAME: Paul Peterson LICENSING EVALUATOR SIGNATURE:	TELEPHONE: (510) 286-4350 TELEPHONE: (510) 622-2602 DATE: 06/28/2018
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/28/2018
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This report must be available at Child Care and Group Home facilities for public review for 3 years.
 LIC9099 (FAS) - (06/04) Page: 1 of 2
 Control Number 02-CC-20180620130728

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
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FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER

FACILITY NUMBER: 010213813

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/28/2018

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 07/12/2018 Section Cited CCR 101223(a)(1)	1	101223(a)(1) Personal Rights. Each child shall be accorded dignity in his/her personal relationships with staff, and other persons. The facility was not in compliance with this regulation as evidenced by the documented, repeated incidents of children in the "wobbler" classroom being	1	The facility agrees to develop, document, and implement an appropriate behavioral plan for child C2 which address C2's tendency toward biting and ensures protection of the other children in the classroom. The facility also agrees to submit documentation of staff attendance/participation in training regarding
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	8	bitten by one of the other children in the classroom, C2, posing a potential risk to the health and safety of children in care.	8	the behavior plan for C2. Failure to correct will result in a \$100 per day civil penalty until corrected. Repeat violations are \$250 per violation and \$100 per day until corrected. LPA received proof of correction materials while on site at this facility.
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	1		1	
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Anika Evans LICENSING EVALUATOR NAME: Paul Peterson LICENSING EVALUATOR SIGNATURE:	TELEPHONE: (510) 286-4350 TELEPHONE: (510) 622-2602 DATE: 06/28/2018
--	---

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/28/2018

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 010213813

Report Date: 04/20/2018

Date Signed 04/20/2018 11:22:32 AM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER: 010213813
ADMINISTRATOR: PORTER, LOIS	FACILITY TYPE: 830
ADDRESS: 1220 53RD STREET	TELEPHONE: (510) 596-4343
CITY: EMERYVILLE	ZIP CODE: 94608
CAPACITY: 28	DATE: 04/20/2018
TYPE OF VISIT: Annual/Random	UNANNOUNCED TIME BEGAN: 08:00 AM
MET WITH: Quera Owens	TIME COMPLETED: 11:40 AM

NARRATIVE

- 1 Licensing Program Analysts (LPA) Mayla Mendoza met with Child Development Manager, Quera Owens
- 2 for an unannounced **ANNUAL/RANDOM** inspection. The center was toured inside and out for a health
- 3 and safety inspection.
- 4
- 5 **PHYSICAL PLANT:** The facility appears to be safe, sanitary and in good repair. There are no bodies of
- 6 water nor firearms/weapons in the premises. All the cleaning products and medicines were stored and
- 7 made inaccessible to the children. Furniture and playground equipment are in good condition including
- 8 cribs, changing tables and feeding chairs. Infant changing tables are placed within arm's reach of a sink.
- 9 The heating, cooling, and lighting were adequate. There is adequate storage for children's belongings.
- 10 The toys are safe and well maintained. The bathroom was toured and all faucets are in working order.
- 11 There is a separate staff bathroom. The kitchen is not accessible to children in care. The food
- 12 preparation area and storage areas are clean and in sanitary condition. There is a menu posted and
- 13 there are no cleaning supplies stored with food. Breakfast, lunch and snacks are provided by the center.
- 14 There is a variety of snacks available for children. Drinking water is available both indoors and outdoors.
- 15 The facility has a carbon monoxide and smoke detector. LPA inspected and verified that there are fire
- 16 extinguishers all throughout the facility and first aid kit is fully stocked. **NAPPING EQUIPMENT:** There
- 17 are mats available for children's use. Beddings and sheets are stored properly. **INSPECTION of**
- 18 **INDOOR PLAY AREA:** Indoor activity space provided for infants are physically separate from space
- 19 provided for child care center preschool component. **INSPECTION of OUTDOOR PLAY AREA:**
- 20 Playground equipment is being maintained in a good and safe condition. Outdoor activity space
- 21 provided for infants is physically separate from space provided from preschool. There is a shaded area
- 22 provided for the children. **RECORD REVIEWS:** A physical census was taken of all children present and
- 23 crossed referenced with the sign in and out sheet. LPA reviewed children's and staffs records. Infants
- 24 have their individual feeding plan and needs and services on file. Opening and closing staff have current
- 25 CPR and first aid training.

SUPERVISOR'S NAME: Diane Perez

TELEPHONE: (510) 622-2593

LICENSING EVALUATOR NAME: Mayla Mendoza

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR SIGNATURE:

DATE: 04/20/2018

I acknowledge receipt of this form and understand my licensing appeal rights as explained and

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/20/2018

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

Page: 1 of 2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1515 CLAY STREET, SUITE
1102
OAKLAND, CA 94612

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT
CENTER

FACILITY NUMBER: 010213813

VISIT DATE: 04/20/2018

NARRATIVE

- 1 **POSTING REQUIREMENTS:** License and other relevant notices are visible for public views and
- 2 correctly posted on the wall. Fire and disaster drills are being conducted as scheduled every six months.
- 3 Incidental Medical Services (IMS) policy was discussed. For IMS information see Evaluator Manual -
- 4 Regulation Interpretations and Procedures for Child Care Centers Sections 101173 and 101226. When
- 5 any IMS is provided, an updated Plan of Operation that includes IMS must be submitted to the
- 6 Department. The following information regarding ADA was provided: US Department of Justice
- 7 (USDOJ) toll-free ADA Information Line at (800) 514-0301 (voice)/ (800) 514-0383 (TTY) and link to
- 8 publication: Commonly Asked Questions about Child Care Centers and the ADA, available at:
- 9 <http://www.ada.gov/childqanda.htm>
- 10
- 11 Exit interview was conducted. Notice of Site visit was posted at the time of inspection and must remain
- 12 posted for 30 days.
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SUPERVISOR'S NAME: Diane Perez

TELEPHONE: (510) 622-2593

LICENSING EVALUATOR NAME: Mayla Mendoza

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR SIGNATURE:

DATE: 04/20/2018

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/20/2018

LIC809 (FAS) - (06/04)

Page: 2 of 2

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 010213813

Report Date: 11/17/2017

Date Signed 11/17/2017 12:40:12 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612	
FACILITY EVALUATION REPORT			
FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER		FACILITY NUMBER:	010213813
ADMINISTRATOR: PORTER, LOIS		FACILITY TYPE:	830
ADDRESS: 1220 53RD STREET		TELEPHONE:	(510) 596-4343
CITY: EMERYVILLE	STATE: CA	ZIP CODE:	94608
CAPACITY: 44	CENSUS: 18	DATE:	11/17/2017
TYPE OF VISIT: Case Management - Licensee Initiated	UNANNOUNCED	TIME BEGAN:	09:00 AM
MET WITH: Susan Stevenson		TIME COMPLETED:	01:00 PM
NARRATIVE			
1	A Case Management inspection was conducted today by Licensing Program Analysts (LPA) Wynn		
2	Norona and Cherie Acosta. An application was submitted to decrease capacity for the Infant Program		
3	from 44 to 28 children in two classrooms. This is a combination center with Preschool component		
4	(#010213812). The former Toddler room next to the Multipurpose Room will now be added to the		
5	Preschool program. The program will continue to operate Monday through Friday from 7:30am to 6pm.		
6	There are 18 infants with 7 fingerprint cleared staffs present today. A health and safety inspection was		
7	conducted inside and outside and the measurements are as follows:		
8			
9	INDOOR: 1402.14 square feet = 40 children		
10	OUTDOOR: 2261.4 square feet= 30 children		
11			
12	The center has obtained an approved fire clearance from Emeryville Fire Department on 11/3/17. There		
13	are no bodies of water nor any firearms or weapons in the premises. Storage for cleaning supplies are		
14	locked and made inaccessible to children. Furniture and equipment are free of any hazards. The		
15	classrooms are equipped with age appropriate materials and equipment. There is a carbon monoxide		
16	detector, smoke detector, and fire extinguishers are available all throughout the center. Heating, lighting,		
17	and air conditioner are adequate. First Aid Kit is available. Each child has individual storage for their		
18	belongings.		
19			
20	LPAs reminded Ms. Stevenson that infant should never be left unattended. The facility is within ratio		
21	today with one teacher for every 4 infants. Infants have their individual feeding plan and infant needs		
22	and services and infant teachers are qualified with current CPR and first aid training. LPAs inspected the		
23	cribs, mats, and feeding chairs are in good condition. Napping equipment and changing tables are		
24	available. Toys are safe and free of sharp points. Bottles, dishes, container are labeled with date. Indoor		
25	and outdoor activity space is separate from Preschool component. The center will be serving up to 10		
	crib-aged infants.		
SUPERVISOR'S NAME: Diane Perez		TELEPHONE: (510) 622-2593	
LICENSING EVALUATOR NAME: Wynn Norona		TELEPHONE: 510-542-4257	
LICENSING EVALUATOR SIGNATURE:		DATE: 11/17/2017	

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/17/2017

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

Page: 1 of 2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1515 CLAY STREET, SUITE
1102
OAKLAND, CA 94612

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT
CENTER

FACILITY NUMBER: 010213813

VISIT DATE: 11/17/2017

NARRATIVE

1 The play yard is fenced in all around. Play structures are sufficiently cushioned. Shades and building
2 overhang provide sufficient shade in the play yard. The Multipurpose Room is a shared space between
3 Preschool and Infant program. Commingling between two program is never allowed. The center will set
4 a schedule for the use of the room. Licensing postings are visible for public views and correctly posted
5 on the wall. The sign in/out sheet provide for parent's full signature.

6
7 LPAs reminded Ms. Stevenson to sanitize and clean the toys/play equipment periodically. Water is
8 available inside and outside. There are 3 toilets and 7 sinks available for children. The staff has a
9 separate bathroom. The office will serve as isolation area for sick children while waiting for parents to
10 pick them up. The kitchen is not accessible to children. The center will provide lunch, morning and
11 afternoon snacks. There is a sample menu posted on the Licensing board.

12
13 Ms. Stevenson stated that they have submitted the Incidental Medical Services (IMS) Plan of Operation
14 to Licensing. LPAs requested a copy of the IMS plan of operation during the visit. Incidental Medical
15 Services (IMS) policy was discussed. For IMS information see Evaluator Manual - Regulation
16 Interpretations and Procedures for Child Care Centers Sections 101173 and 101226. When any IMS is
17 provided, an updated Plan of Operation that includes IMS must be submitted to the Department. The
18 following information regarding ADA was provided: US Department of Justice (USDOJ) toll-free ADA
19 Information Line at (800) 514-0301 (voice)/ (800) 514-0383 (TTY) and link to publication: Commonly
20 Asked Questions about Child Care Centers and the ADA, available at:
21 <http://www.ada.gov/childqanda.htm>

22
23 Zero Tolerance policies were explained. The center was found to be clean, safe, sanitary, and in good
24 repair. An exit interview was conducted with applicant, Susan Stevenson. LPAs provided a copy of the
25 appeal rights and the signature on this form acknowledges receipt of these rights. Assembly Bill 633
26 Fact Sheet was given and discussed with the director. Notice of Site visit was posted at the time of
27 inspection, and must remain posted for 30 days.

28
29 A license for 28 infants is recommended effective today, November 17, 2017.
30
31
32

SUPERVISOR'S NAME: Diane Perez

TELEPHONE: (510) 622-2593

LICENSING EVALUATOR NAME: Wynn Norona

TELEPHONE: 510-542-4257

LICENSING EVALUATOR SIGNATURE:

DATE: 11/17/2017

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/17/2017

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 010213813

Report Date: 02/24/2017

Date Signed 02/24/2017 04:26:29 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER		FACILITY NUMBER: 010213813
ADMINISTRATOR: PORTER, LOIS		FACILITY TYPE: 830
ADDRESS: 1220 53RD STREET		TELEPHONE: (510) 596-4343
CITY: EMERYVILLE	STATE: CA	ZIP CODE: 94608
CAPACITY: 44	CENSUS: 0	DATE: 02/24/2017
TYPE OF VISIT: POC	UNANNOUNCED	TIME BEGAN: 01:10 PM
MET WITH: Lois Porter		TIME COMPLETED: 04:45 PM

NARRATIVE	
1	Licensing Program Analyst Belinda Devall met with Director Lois Porter for the purpose of an
2	UNANNOUNCED PLAN OF CORRECTION VISIT. The facility closed early for a staff development day.
3	The facility was toured.
4	
5	
6	The following corrections have been made:
7	
8	The facility submitted a written procedure that was sent to all parents regarding the proper procedure for
9	sign in/out.
10	The toilet and sink is now in safe and operating order.
11	Infant needs and services plans have been updated.
12	
13	
14	
15	A Letter of Deficiency Citations Cleared will be issued today clearing the citations issued on
16	01/20/2017.
17	
18	
19	There were no deficiencies cited today. A notice of site visit was given and must remain posted for 30
20	days. Exit interview conducted.
21	
22	
23	
24	
25	

SUPERVISOR'S NAME: Ann Robinson	TELEPHONE: (510) 622-2591
LICENSING EVALUATOR NAME: Belinda DeVall	TELEPHONE: (510) 725-7107
LICENSING EVALUATOR SIGNATURE:	DATE: 02/24/2017
I acknowledge receipt of this form and understand my licensing appeal rights as explained and	

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/24/2017

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

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Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 010213813

Report Date: 01/20/2017

Date Signed 01/20/2017 05:59:44 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER		FACILITY NUMBER: 010213813
ADMINISTRATOR: PETE, TANYA		FACILITY TYPE: 830
ADDRESS: 1220 53RD STREET		TELEPHONE: (510) 596-4343
CITY: EMERYVILLE	STATE: CA	ZIP CODE: 94608
CAPACITY: 44	CENSUS: 23	DATE: 01/20/2017
TYPE OF VISIT: Annual/Random	UNANNOUNCED	TIME BEGAN: 01:45 PM
MET WITH: Susan Stevenson		TIME COMPLETED: 06:15 PM

NARRATIVE

1 (3) Licensing Program Analyst Belinda Devall met with for an **UNANNOUNCED ANNUAL VISIT.**
2 Present for this visit was 5 staff members and 23 napping infants. This facility was toured to conduct a
3 Health and Safety Inspection.
4 The changing tables have a padded surface no less than one inch thick, at least three inches thick and
5 is covered. The infant napping equipment meets the requirements. There are ample age appropriate
6 toys that appear to be safe and in good condition. The furniture and equipment is in safe condition and
7 is free from sharp, loose or pointed parts. There are no pools, hot tubs or any other bodies of water. All
8 hazardous materials and toxins are kept out of the reach of children. A toilet and a sink is not working in
9 the toddler room which has been reported and a work order has been issued. All storage containers for
10 solid waste has tight-fitting covers that are kept on and in good repair. All surfaces accessible to children
11 is clean and toxic free. The sign in/out binder was reviewed and found some children not properly
12 signed in. A menu was posted and visible for review. The playground equipment is in safe condition and
13 free from sharp, loose or pointed parts and the areas around or under high climbing equipment has
14 appropriate cushioned material that absorbs a fall. Uncontaminated drinking water is provided both
15 indoors and outdoors. All staff subjected to criminal review have been cleared and associated to this
16 facility. Staff files were reviewed and each staff members file contain their education background with
17 the appropriate credits. Staff certification in CPR and First Aid is current and valid for opening and
18 closing staff members at this site. Children's files were review and each child's files contained a copy of
19 their medical assessment but some infant needs and services plan were not updated quarterly. This
20 facility plans to provide Incidental Medical Services – IMS. For IMS information, see Evaluator Manual -
21 Regulation Interpretations and Procedures for Child Care Centers Sections 101173 and 101226. A Plan
22 of Operation that includes IMS must be submitted to the Department. The following information
23 regarding ADA was provided: US Department of Justice (USDOJ) toll-free ADA Information Line at (800)
24 514-0301 (voice)/ (800) 514-0383 (TTY) and link to publication: Commonly Asked Questions about Child
25 Care Centers and the ADA, available at: <http://www.ada.gov/childqanda.htm>
CONTINUED ON PAGE 2.....

SUPERVISOR'S NAME: Ann Robinson

LICENSING EVALUATOR NAME: Belinda DeVall

LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (510) 622-2591

TELEPHONE: (510) 725-7107

DATE: 01/20/2017

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/20/2017

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

Page: 1 of 3

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER

FACILITY NUMBER: 010213813

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/20/2017

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 02/20/2017 Section Cited 101229.1(a)(1)	1 Sign In and Out. The person who signs the 2 child in/out shall use his/her full legal 3 signature and shall record the time of day. 4 5 Some children were not properly signed in 6 or out of the facility. 7	1 By 02/20/2017, Director shall develop, 2 maintain, and implement a written 3 procedure to sign the child in/out of the 4 child care center and provide a copy of the 5 written procedure to the analyst by fax, 6 mail or email. 7
Type B 02/20/2017 Section Cited 101419.3(a)	1 Modifications to Infant Needs and Services 2 Plan. The written infant needs and services 3 plan shall be updated at least quarterly, or 4 as often as necessary to assure its 5 accuracy. 6 7 Some needs and services plans were not updated quarterly.	1 By 02/20/2017, Director will submit the 2 updated needs and services plans to 3 analyst by fax, mail or email. 4 5 6 7
Type B 02/03/2017 Section Cited 101239(e)(4)	1 Fixtures, Furniture, Equipment and 2 Supplies. All toilets, hand-washing and 3 bathing facilities shall be kept in safe and 4 sanitary operation and shall be ADA 5 compliant. 6 A toilet and a sink is not working in the 7 toddler room which has been reported and a work order has been issued.	1 By 02/03/2017, Director will ensure that all 2 toilets and sinks are in safe and sanitary 3 operating order. 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Ann Robinson

TELEPHONE: (510) 622-2591

LICENSING EVALUATOR NAME: Belinda DeVall

TELEPHONE: (510) 725-7107

LICENSING EVALUATOR SIGNATURE:

DATE: 01/20/2017

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/20/2017

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)CALIFORNIA DEPARTMENT OF SOCIAL
SERVICESCOMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1515 CLAY STREET, SUITE
1102
OAKLAND, CA 94612**FACILITY NAME:** EMERYVILLE CHILD DEVELOPMENT
CENTER**FACILITY NUMBER:** 010213813**VISIT DATE:** 01/20/2017**NARRATIVE**

- 1 See 809-D for deficiencies cited today. A notice of site visit was given and must remain posted for 30
2 days. Exit interview conducted and appeal rights provided.
3
4 Director is reminded that ALL staff members, volunteers or frequent visitors that are 18 years of
5 age or older must be fingerprint cleared and associated to this facility prior to being in the
6 presence of children in care or an immediate civil penalty will be assessed from \$100 to \$3000
7 per person, per incident. All forms can be downloaded at www.cclld.ca.gov and for day care
8 updates visit www.myccl.ca.gov
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SUPERVISOR'S NAME: Ann Robinson**TELEPHONE:** (510) 622-2591**LICENSING EVALUATOR NAME:** Belinda DeVall**TELEPHONE:** (510) 725-7107**LICENSING EVALUATOR SIGNATURE:****DATE:** 01/20/2017**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 01/20/2017

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/05/2016** and conducted by Evaluator Belinda DeVall

PUBLIC**COMPLAINT CONTROL NUMBER: 02-CC-20161005122702**

FACILITY NAME:	EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER:	010213812
ADMINISTRATOR:	PETE, TANYA	FACILITY TYPE:	850
ADDRESS:	1220 - 53RD STREET	TELEPHONE:	(510) 596-4343
CITY:	EMERYVILLE	STATE:	CA
CAPACITY:	66	ZIP CODE:	94608
		CENSUS:	52
		DATE:	12/13/2016
		UNANNOUNCED	
MET WITH:	Lois Porter	TIME VISIT BEGAN:	09:30 AM
		TIME COMPLETED:	02:40 PM

ALLEGATION(S):

- 1 Food Services - Child was served food that he is allergic to
- 2
- 3
- 4
- 5
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- 9

INVESTIGATION FINDINGS:

- 1 Licensing Program Analyst Belinda Devall met with Director Lois Porter for the purpose of an UNANNOUNCED
- 2 COMPLAINT VISIT regarding the above allegation against the facility. Present for this visit was 9 staff members
- 3 and 52 preschoolers. Interviews were conducted and facility files were reviewed.
- 4 During the course of investigation, it was revealed that a child in care has a documented special meal
- 5 accommodation. While reviewing the child's file and interviewing staff, an incident occurred when that child was
- 6 served a cracker which is not on their special meal plan. The child never ate the cracker and it was taken from
- 7 the child immediately after it was served. The child attended the facility the next day and there was no report
- 8 provided of any medical treatment necessary. Based on LPAs interviews which were conducted and record
- 9 reviews, the preponderance of evidence standard has been met, therefore the above allegation is found to be
- 10 SUBSTANTIATED. California Code of Regulations, Title 22, Division 12 & Chapter 1, are being cited on the
- 11 attached LIC. 9099D.
- 12 A notice of site visit was given and must remain posted for 30 days. Exit interview conducted and appeals were
- 13 given and discussed.

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Ann Robinson**TELEPHONE:** (510) 622-2591**LICENSING EVALUATOR NAME:** Belinda DeVall**TELEPHONE:** (510) 725-7107**LICENSING EVALUATOR SIGNATURE:****DATE:** 12/13/2016

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 12/13/2016

This report must be available at Child Care and Group Home facilities for public review for 3 years.

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT
CENTER

FACILITY NUMBER: 010213812

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 12/13/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 01/13/2017 Section Cited 101227(a)(7)(B)	1 Food Services. A child shall not be served any food 2 to which the child's record indicates he/she has an 3 allergy. 4 5 Child was given a cracker which is not on their 6 special meal plan. 7	1 01/13/2017, Director will submit a written plan of 2 action on how the facility will ensure that children in 3 care are not served food that are not part of their 4 special diet to the analyst via mail, email or fax 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Ann Robinson

TELEPHONE: (510) 622-2591

LICENSING EVALUATOR NAME: Belinda DeVall

TELEPHONE: (510) 725-7107

LICENSING EVALUATOR SIGNATURE:



DATE: 12/13/2016

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/13/2016

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 010213813

Report Date: 05/03/2016

Date Signed 05/03/2016 12:42:51 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
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This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/22/2016** and conducted by Evaluator Dayna Collier

PUBLIC	COMPLAINT CONTROL NUMBER: 02-CC-20160222153418
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FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER: 010213813
ADMINISTRATOR: PETE, TANYA	FACILITY TYPE: 830
ADDRESS: 1220 53RD STREET	TELEPHONE: (510) 596-4343
CITY: EMERYVILLE	STATE: CA
CAPACITY: 44	ZIP CODE: 94608
	CENSUS: 12
MET WITH: Pedro Jimenez	DATE: 05/03/2016
	UNANNOUNCED TIME BEGAN: 12:00 PM
	TIME COMPLETED: 12:45 PM

ALLEGATION(S):

1	PERSONAL RIGHTS: Inappropriate touching of Teacher to Child
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INVESTIGATION FINDINGS:

1	LPA Dayna Collier met with Pedro Jimenez, Director of Community Services, for a complaint
2	investigation regarding the above allegation. During the course of the investigation, interviews were
3	conducted. It was alleged that a child reported that a staff member touched his butt. Diapering logs
4	revealed that no physical contact during toileting had taken place between the child and this staff
5	member. Interviews did not disclose sufficient details to prove or disprove that a child's personal rights
6	were violated by a staff member while in care.
7	Although the allegation may have happened or is valid, there is not a preponderance of evidence to
8	prove the alleged violation did or did not occur. Therefore, the allegation is inconclusive.
9	
10	A SITE VISIT NOTICE WAS POSTED.
11	
12	
13	

Inconclusive	Estimated Days of Completion:
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SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Dayna Collier

TELEPHONE: 510-725-7021

LICENSING EVALUATOR SIGNATURE:

DATE: 05/03/2016

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/03/2016

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC9099 (FAS) - (06/04)

Page: 1 of 2

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 010213813

Report Date: 04/13/2016

Date Signed 04/13/2016 01:06:33 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER		FACILITY NUMBER: 010213813
ADMINISTRATOR: PETE, TANYA		FACILITY TYPE: 830
ADDRESS: 1220 53RD STREET	STATE: CA	TELEPHONE: (510) 596-4343
CITY: EMERYVILLE	CENSUS: 22	ZIP CODE: 94608
CAPACITY: 44	DATE: 04/13/2016	TIME BEGAN: 12:30 PM
TYPE OF VISIT: Case Management - Incident	UNANNOUNCED	TIME COMPLETED: 02:00 PM
MET WITH: Pedro Jimenez		

NARRATIVE	
1	LPA Dayna Collier met with Pedro Jimenez, Director of Community Services, for a case management
2	visit as a result of receiving an unusual incident report. An incident occurred when a staff member took a
3	child by the hand and attempted to lift the child from the floor to a standing position. Although the staff
4	member admitted to having received training to properly assist and/or lift children in care, the staff
5	member failed to apply that training. Failure to use proper procedures resulted in the child suffering from
6	a dislocated elbow. The child's parent was contacted and the child received medical treatment.
7	
8	The attached type B deficiency is cited today and must be corrected by the due date.
9	An exit interview was conducted. Licensee was provided a copy of their appeal rights (LIC 9058 12/15)
10	and the signature on this form acknowledges receipt of these rights.
11	
12	A site visit notice was posted by Director.
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SUPERVISOR'S NAME: Zakiya Ali	TELEPHONE: (510) 622-2592
LICENSING EVALUATOR NAME: Dayna Collier	TELEPHONE: 510-725-7021
LICENSING EVALUATOR SIGNATURE:	DATE: 04/13/2016
I acknowledge receipt of this form and understand my licensing appeal rights as explained and	

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/13/2016

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

Page: 1 of 2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1515 CLAY STREET, SUITE
1102
OAKLAND, CA 94612

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT
CENTER

FACILITY NUMBER: 010213813

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/13/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 04/20/2016 Section Cited 101223(a)(3)	1 101223(a)(3) Personal Rights. Each child 2 shall be free from corporal or unusual 3 punishment, humiliation, intimidation, 4 ridicule, coercion, threat, mental abuse, or 5 other actions of a punitive nature. 6 A CHILD SUFFERED AN INJURY WHEN 7 STAFF ATTEMPTED TO LIFT THE CHILD INAPPROPRIATELY.	1 POC: By 4/20/16, a written plan of action 2 must be submitted to Licensing detailing 3 the steps that will be taken to ensure 4 children's personal rights are not violated 5 by the actions or procedures used by staff. 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Zakiya Ali
LICENSING EVALUATOR NAME: Dayna Collier
LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (510) 622-2592
TELEPHONE: 510-725-7021
DATE: 04/13/2016

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/13/2016

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 010213813

Report Date: 02/24/2016

Date Signed 02/24/2016 04:43:57 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER		FACILITY NUMBER: 010213813
ADMINISTRATOR: PETE, TANYA		FACILITY TYPE: 830
ADDRESS: 1220 53RD STREET	STATE: CA	TELEPHONE: (510) 596-4343
CITY: EMERYVILLE	CENSUS: 13	ZIP CODE: 94608
CAPACITY: 44	DATE: 02/24/2016	TIME BEGAN: 03:30 PM
TYPE OF VISIT: Case Management - Deficiencies UNANNOUNCED	TIME COMPLETED: 05:00 PM	
MET WITH: Tanya Pete		

NARRATIVE	
1	LPA Dayna Collier met with Center Director Tanya Pete for a case management visit. Also present for
2	the visit were Pedro Jimenez, Director of Community Services and Cindy Montero, Assistant City
3	Manager. An unusual incident occurred that the facility failed to report to Licensing in the required time
4	frame.
5	
6	The attached type A deficiency is cited and must be corrected by the due date.
7	Upon receipt, licensee shall post and provide copies of this licensing report to parent/guardians of children in care
8	at the facility and to parents/guardians of children newly enrolled at the facility during the next 12 months.
9	
10	An exit interview was conducted. The director was provided a copy of the appeal rights (LIC 9058 12/15)
11	and her signature on this form acknowledges receipt of these rights.
12	
13	A site visit notice was posted by Director.
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SUPERVISOR'S NAME: Zakiya Ali	TELEPHONE: (510) 622-2592
LICENSING EVALUATOR NAME: Dayna Collier	TELEPHONE: 510-725-7021
LICENSING EVALUATOR SIGNATURE:	DATE: 02/24/2016
I acknowledge receipt of this form and understand my licensing appeal rights as explained and	

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/24/2016

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

Page: 1 of 2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1515 CLAY STREET, SUITE
1102
OAKLAND, CA 94612

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT
CENTER

FACILITY NUMBER: 010213813

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/24/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 02/25/2016 Section Cited 101212d(1)C	101212(d)(1)(C) Reporting Requirements. 1 Any unusual incident or child absence that 2 threatens the physical or emotional health 3 or safety of a child shall be reported to the 4 Department within 24 hours of the 5 occurrence. 6 THE FACILITY FAILED TO REPORT AN 7 UNUSUAL INCIDENT TO LICENSING WITHIN THE REQUIRED TIME FRAME.	1 POC: Prior to today's visit, an unusual 2 incident report was submitted to Licensing 3 after the deadline for reporting incidents. 4 Certification on proof of correction form 5 was received from Director certifying the 6 knowledge of the reporting requirements. 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Zakiya Ali
LICENSING EVALUATOR NAME: Dayna Collier
LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (510) 622-2592
TELEPHONE: 510-725-7021
DATE: 02/24/2016

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/24/2016

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 010213813

Report Date: 01/28/2016

Date Signed 01/28/2016 03:50:50 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER: 010213813
ADMINISTRATOR: PETE, TANYA	FACILITY TYPE: 830
ADDRESS: 1220 53RD STREET	TELEPHONE: (510) 596-4343
CITY: EMERYVILLE	ZIP CODE: 94608
CAPACITY: 44	DATE: 01/28/2016
TYPE OF VISIT: Case Management - Incident	UNANNOUNCED TIME BEGAN: 02:00 PM
MET WITH: Tanya Harris	TIME COMPLETED: 04:00 PM

NARRATIVE

- 1 LPA Dayna Collier met with Program Manager Tanya Harris for a case management visit as a result of
- 2 receiving an unusual incident report. An incident occurred when a staff member was supervising
- 3 children on the playground. An older sibling of a child in care entered the playground, grabbed the
- 4 sibling by the hand and guided the sibling back through the classroom out of the classroom door.
- 5 Although the siblings' mother was talking in the courtyard, the staff member supervising the children on
- 6 the yard was not aware when she allowed the children to leave. Following the incident, administrative
- 7 action was taken with the staff member involved.
- 8
- 9 The attached type A deficiency is cited today and must be corrected by the due date.
- 10 Upon receipt, licensee shall post and provide copies of this licensing report to parent/guardians of children in care
- 11 at the facility and to parents/guardians of children newly enrolled at the facility during the next 12 months.
- 12
- 13 An exit interview was conducted. Licensee was provided a copy of their appeal rights (LIC 9058 12/15)
- 14 and their signature on this form acknowledges receipt of these rights.
- 15
- 16 A site visit notice was posted.
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SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Dayna Collier

TELEPHONE: 510-725-7021

LICENSING EVALUATOR SIGNATURE:

DATE: 01/28/2016

I acknowledge receipt of this form and understand my licensing appeal rights as explained and

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/28/2016

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

Page: 1 of 2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COMMUNITY CARE LICENSING DIVISION

CCLD Regional Office, 1515 CLAY STREET, SUITE 1102

OAKLAND, CA 94612

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER

FACILITY NUMBER: 010213813

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/28/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 02/04/2016 Section Cited 101229(a)(1)	1 101229(a)(1) Care and Supervision. No 2 child(ren) shall be left without the 3 supervision, including visual observation, of 4 a teacher at any time except as specified in 5 sections 101216.2(e)(1) and 101230(c)(1). 6 A STAFF MEMBER FAILED TO 7 INTERVENE AND PREVENT A SIBLING FROM REMOVING HIS YOUNGER SIBLING FROM THE CLASSROOM.	1 POC: By 2/4/16, a written plan of action 2 must be submitted to Licensing detailing 3 the sign in and out procedure staff will 4 follow to ensure visual supervision at all 5 times. 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Dayna Collier

TELEPHONE: 510-725-7021

LICENSING EVALUATOR SIGNATURE:

DATE: 01/28/2016

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/28/2016

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 010213813
Report Date: 09/09/2015 12:00:00 AM
Date Signed 09/09/2015 09:55:52 AM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER		FACILITY NUMBER: 010213813
ADMINISTRATOR: GARCIA-ORTIZ, DIANA		FACILITY TYPE: 830
ADDRESS: 1220 53RD STREET	STATE: CA	TELEPHONE: (510) 596-4343
CITY: EMERYVILLE	CENSUS: 7	ZIP CODE: 94608
CAPACITY: 44	UNANNOUNCED DATE: 09/09/2015	TIME BEGAN: 08:45 AM
TYPE OF VISIT: Case Management - Other	TIME COMPLETED: 10:10 AM	
MET WITH: Tanya Pete and Tanya Harris		

NARRATIVE	
1	Licensing Program Analyst Lisa Dyer met with Tanya Pete and Tanya Harris for an unannounced Case
2	Management/Plan of Correction Visit to review items cited on 7/10/15. Present today are 7 infants and 2
3	fingerprint cleared teachers.
4	
5	During a previous inspection, the following was cited:
6	
7	1. Rugs and floor area needed to be cleaned.
8	2. Infant bottles and cups needed to be labeled.
9	
10	The deficiencies listed above have been corrected as follows:
11	
12	1a. Rugs and floors in the infant area have been cleared.
13	2a. All infant bottles and cups are labeled.
14	
15	
16	See cleared POC dated 9/09/15.
17	
18	Today no deficiencies were cited. Exit interview conducted. Appeal rights and AB 633 Fact Sheet was
19	discussed and given. This report must be kept available for public review for 3 years, and notice of site visit must
20	be posted for 30 days.
21	
22	
23	
24	
25	

SUPERVISOR'S NAME: Ann Robinson	TELEPHONE: (510) 622-2591
LICENSING EVALUATOR NAME: Phyllis Dyer	TELEPHONE: (510) 622-2602
LICENSING EVALUATOR SIGNATURE:	DATE: 09/09/2015

I acknowledge receipt of this form and understand my licensing appeal rights as explained and

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/09/2015

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

Page: 1 of 1

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 010213813

Report Date: 07/10/2015 12:00:00 AM

Date Signed 07/10/2015 05:41:28 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER		FACILITY NUMBER: 010213813
ADMINISTRATOR: GARCIA-ORTIZ, DIANA		FACILITY TYPE: 830
ADDRESS: 1220 53RD STREET	STATE: CA	TELEPHONE: (510) 596-4343
CITY: EMERYVILLE	ZIP CODE: 94608	DATE: 07/10/2015
CAPACITY: 44	CENSUS: 36	TIME BEGAN: 09:00 AM
TYPE OF VISIT: Annual/Random	UNANNOUNCED	TIME COMPLETED: 05:00 PM
MET WITH: Tanya Harris		

NARRATIVE

1 (2) LPA Lisa Dyer and LPM Ann Robinson met with Tanya Harris for an **annual/random inspection**.
2 Ms. Harris is the new administrative director. The facility is currently operating with a center director. Ms.
3 Harris is in the process of appointing a head teacher as director. The head teacher will work under the
4 administrative director. This is a combination center with 28 children and 7 staff in the preschool
5 component, and 36 infants 9 and staff in the infant center. Sign-in/sign-out sheets list the time and
6 parents' full signature. There is a working phone. Fire/emergency drills are held monthly. Director and
7 Designation of Facility Responsibility will be updated. Updated posting were given to the director to post
8 in each classroom.
9 **Classroom** furniture is in good condition. There are toys, books and educational supplies available.
10 Floors were clean and safe. There is adequate heating, ventilation, and lighting. **Bathroom** toilets and
11 sinks are working properly. The children are able to reach the sinks. There were adequate bathroom
12 supplies. **Kitchen** area (including storage areas for food) was clean. No insects or pests were seen.
13 There were storage containers with lids for solid waste in the kitchen. A sample of food product was
14 examined for freshness and expiration dates; there was adequate food for children who did not bring
15 their own and for emergencies Food is prepared outside the facility. The center supplies breakfast, lunch
16 and snacks. Menus were posted. **Inside**, there is proper storage areas for each child with cubbies.
17 There is adequate napping equipment (mats). Blankets are sent home to be washed. How during the
18 visit the individual bedding was touching while stored. There is drinking water available. Director stated
19 that there were no bodies of water or firearms on the premises. There is a first aid kit located in each
20 classroom. **Cleaning supplies** are inaccessible to children. There were no children requiring
21 medications at the current time. **Outside play area** (securely fenced) is safe and free of hazards. There
22 were a variety of toys and play materials. The area around the climbing playground equipment is
23 cushioned with material that absorbs a fall. There is an outside shaded area.
24 **Children's files** were not examined during this inspection. **Staff** rest room is located adjacent to each
25 classroom. All opening and closing teachers have current CPR/First Aid.

SUPERVISOR'S NAME: Ann Robinson
LICENSING EVALUATOR NAME: Phyllis Dyer
LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (510) 622-2591
TELEPHONE: (510) 622-2602
DATE: 07/10/2015

I acknowledge receipt of this form and understand my licensing appeal rights as explained and

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/10/2015

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

Page: 1 of 2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES

COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1515 CLAY STREET, SUITE
1102
OAKLAND, CA 94612

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT
CENTER

FACILITY NUMBER: 010213813

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/10/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 08/07/2015 Section Cited 101438.1(c)(2)	1 (2) Carpeted floors and large throw rugs 2 that cannot be washed shall be vacuumed 3 at least daily and cleaned at least every six 4 months, or more often if necessary. 5 Carpets throughout both programs were 6 soiled. Infant carpeted climbing ramp were 7 also soiled along with the decorative cushion.	1 Director must have the areas clean and in 2 good repair by the Plan of correction date. 3 Proof of correction must be sent into 4 licensing. 5 6 7
Type B 07/14/2015 Section Cited 101427(e)(1)(A)	1 Infant Care Food Services:Bottles shall be 2 labeled. All bottles/cups were not labeled 3 with children name 4 5 6 7	1 Facility will ensure that all infant 2 bottles/cups are labeled with their names 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Ann Robinson

TELEPHONE: (510) 622-2591

LICENSING EVALUATOR NAME: Phyllis Dyer

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR SIGNATURE:

DATE: 07/10/2015

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/10/2015

**STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
COMPLAINT INVESTIGATION REPORT**

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612

This is an official report of an unannounced visit/investigation of a complaint received in our office on
07/02/2015 and conducted by Evaluator Phyllis Dyer

PUBLIC

COMPLAINT CONTROL NUMBER: 02-CC-20150702094711

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER: 010213812
ADMINISTRATOR: GARCIA-ORTIZ, DIANA	FACILITY TYPE: 850
ADDRESS: 1220 - 53RD STREET	TELEPHONE: (510) 596-4343
CITY: EMERYVILLE	ZIP CODE: 94608
CAPACITY: 66	STATE:
	CENSUS: 36
	UNANNOUNCED
DATE: 07/10/2015	TIME VISIT BEGAN: 09:00 AM
TIME COMPLETED: 04:00 PM	

MET WITH: Tanya Harris

ALLEGATION(S):

1 Personal Rights - Staff Hit Child
2
3
4
5
6
7
8
9

INVESTIGATION FINDINGS:

1 LPA Lisa Dyer and LPM Ann Robinson met with Tanya Harris regarding the above allegation.
2 It was determined, based on interviews, that on 6/26/15 a teacher grabbed a child inappropriately during a time
3 of transition back into the classroom. Although the child was not hit by the teacher, the child was grabbed by
4 the staff member, violating the child's personal rights.
5
6 Based on the investigative findings, the above allegation is substantiated. See 9099-D for deficiency.
7
8 Because this is a Type A violation, an Acknowledgment of Receipt of Licensing Report form must be signed by
9 parents of children in care and parents must receive a copy of the report containing the type A deficiency(s), by
10 the next business day or the next day a child returns to the day care. In addition, the report must be given to all
11 new families enrolling for the next 12 months and must be posted at the facility for 30 days.
12
13 An exit interview was conducted with Ms. Harris. Appeal rights, notice of site visit and AB 633 were given.

Substantiated

Estimated Days of Completion:

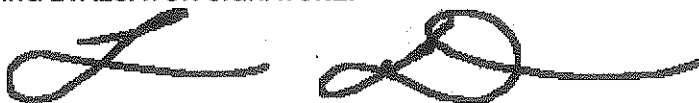
SUPERVISOR'S NAME: Ann Robinson

TELEPHONE: (510) 622-2591

LICENSING EVALUATOR NAME: Phyllis Dyer

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR SIGNATURE:



DATE: 07/10/2015

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/10/2015

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT
CENTER

FACILITY NUMBER: 010213812

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/10/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/13/2015 Section Cited 101223(a)(3)	1 Personal Rights. Each child shall be free from 2 corporal or unusual punishment, humiliation, 3 intimidation, ridicule, coercion, threat, mental 4 abuse, or other actions of a punitive nature. 5 DURING TRANSITION, A STAFF GRABBED A 6 CHILD, PUSHING IN A DIRECTION TOWARD 7 THE CLASSROOM.	1 Teacher was reprimanded for this action by the 2 facility. Teacher will need to attend a class which 3 encompasses personal rights/discipline and/or 4 communicating with a child. Proof of class 5 enrollment will need to be forwarded to CCL. A 6 brief statement of what was learned in the class will 7 also need to be forwarded to CCL 10 days after the completion of the class.
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Ann Robinson

TELEPHONE: (510) 622-2591

LICENSING EVALUATOR NAME: Phyllis Dyer

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR SIGNATURE:

DATE: 07/10/2015

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/10/2015

This Notice must be posted for 30 days

FACILITY EVALUATION REPORT

CCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER: 010213812
ADMINISTRATOR: GARCIA-ORTIZ, DIANA	FACILITY TYPE: 850
ADDRESS: 1220 - 53RD STREET	TELEPHONE: (510) 596-4343
CITY: EMERYVILLE	STATE: CA
CAPACITY: 66	ZIP CODE: 94608
TYPE OF VISIT: Annual/Random	CENSUS: 28
MET WITH: Tanya Harris	DATE: 07/10/2015
	TIME BEGAN: 09:00 AM
	TIME COMPLETED: 04:00 PM

NARRATIVE

1 (2) LPA Lisa Dyer and LPM Ann Robinson met with Tanya Harris for an annual/random inspection. Ms.
2 Harris is the new administrative director. The facility is currently operating with a center director. Ms. Harris is
3 in the process of appointing a head teacher as director. The head teacher will work under the administrative
4 director. This is a combination center with 28 children and 7 staff in the preschool component, and 36 infants
5 and staff in the infant center. Sign-in/sign-out sheets list the time and parents' full signature. There is a
6 working phone. Fire/emergency drills are held monthly. Director and Designation of Facility Responsibility
7 will be updated. Updated posting were given to the director to post in each classroom.
8 Classroom furniture is in good condition. There are toys, books and educational supplies available. Floors
9 were clean and safe. There is adequate heating, ventilation, and lighting. Bathroom toilets and sinks are
10 working properly. The children are able to reach the sinks. There were adequate bathroom supplies.
11 Kitchen area (including storage areas for food) was clean. No insects or pests were seen. There were
12 storage containers with lids for solid waste in the kitchen. A sample of food product was examined for
13 freshness and expiration dates; there was adequate food for children who did not bring their own and for
14 emergencies. Food is prepared outside the facility. The center supplies breakfast, lunch and snacks. Menus
15 were posted. Inside, there is proper storage areas for each child with cubbies. There is adequate napping
16 equipment (mats). Blankets are sent home to be washed. How during the visit the individual bedding was
17 touching while stored. There is drinking water available. Director stated that there were no bodies of water or
18 firearms on the premises. There is a first aid kit located in each classroom. Cleaning supplies are
19 inaccessible to children. There were no children requiring medications at the current time. Outside play area
20 (securely fenced) is safe and free of hazards. There were a variety of toys and play materials. The area
21 around the climbing playground equipment is cushioned with material that absorbs a fall. There is an outside
22 shaded area.
23 Children's files were not examined during this inspection. Staff rest room is located adjacent to each
24 classroom. All opening and closing teachers have current CPR/First Aid. See LIC 809-D for citations.
25 Exit interview conducted. Appeal rights and AB 633 Fact Sheet was discussed and given. This report must be
kept available for public review for 3 years, and notice of site visit must be posted for 30 days.

SUPERVISOR'S NAME: Ann Robinson

TELEPHONE: (510) 622-2591

LICENSING EVALUATOR NAME: Phyllis Dyer

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR SIGNATURE:



DATE: 07/10/2015

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/10/2015

This report must be available at Child Care and Group Home facilities for public review for 3 years.

FACILITY EVALUATION REPORT (Cont)CCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612**FACILITY NAME:** EMERYVILLE CHILD DEVELOPMENT
CENTER**FACILITY NUMBER:** 010213812**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 07/10/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 07/24/2015 Section Cited 101239.1(c)(2)	1 Napping Equipment: Bedding shall be individually 2 stored so that each child's bedding is identifiable 3 and no child's used bedding comes into contact 4 with other bedding. STORED BEDDING COMES 5 INTO CONTACT WITH OTHER BEDDING. 6 7	1 Licensee has 2 weeks to complete a plan to 2 separate bedding, ie. place bedding in individual 3 cubbies; ziploc bags, etc. where no child's used 4 bedding comes into contact with any other. 5 6 7
Type B 07/24/2015 Section Cited 101238(a)	1 Buildings and Grounds. The child care center shall 2 be clean, safe, sanitary and in good repair at all 3 times. THERE IS AN OPEN METAL PANEL IN 4 PRE-K 2 ; AND A HOLE IN ROOM 1B. 5 6 7	1 Director will need to repair items prior to due date; 2 and then submit proof of repairs to licensing 3 4 5 6 7
Type B 07/24/2015 Section Cited 101239.2(a)	1 Drinking Water. Uncontaminated drinking water 2 shall be readily available both indoors and out. 3 LICENSEE HAD NO DRINKING WATER 4 AVAILABLE FOR CHILDREN IN SEVERAL 5 CLASSROOMS. 6 7	1 Director will need to provide drinking water for 2 children both indoors and outdoors via a fountain or 3 containers and cups. 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Ann Robinson**TELEPHONE:** (510) 622-2591**LICENSING EVALUATOR NAME:** Phyllis Dyer**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR SIGNATURE:**

DATE: 07/10/2015

I acknowledge receipt of this form and understand my appeal rights as explained and received.


FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/10/2015

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** EMERYVILLE CHILD DEVELOPMENT
CENTER**FACILITY NUMBER:** 010213812**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 07/10/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/13/2015 Section Cited 101170(e)(1)	<p>1 Criminal Record Clearance. Prior to working or</p> <p>2 volunteering in a licensed child care facility, all</p> <p>3 individuals subject to a criminal record review shall</p> <p>4 obtain a clearance or criminal record exemption.</p> <p>5 ALL STAFF MUST BE FINGERPRINT CLEARED</p> <p>6 AND ASSOCIATED TO COMPONENT WORKING</p> <p>7 IN.</p>	<p>1 A copy of our LIS printout was given which showed</p> <p>2 all staff currently associated. All staff including</p> <p>3 substitutes must complete the criminal record</p> <p>4 process. Because this is a municipality, no civil</p> <p>5 penalties will be cited.</p>
	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>
	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>
	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Ann Robinson**TELEPHONE:** (510) 622-2591**LICENSING EVALUATOR NAME:** Phyllis Dyer**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR SIGNATURE:**

DATE: 07/10/2015

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/10/2015

This Notice must be posted for 30 days

CCLD Regional Office
1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612



09/14/2015

EMERYVILLE CHILD DEVELOPMENT CENTER
010213812
1220 - 53RD STREET
EMERYVILLE, CA 94608

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 07/10/2015, have been cleared:

Section Cited: 101223(a)(3)	Date Due: 07/13/2015
Plan of Correction: Teacher was reprimanded for this action by the facility. Teacher will need to attend a class which encompasses personal rights/discipline and/or communicating with a child. Proof of class enrollment will need to be forwarded to CCL. A brief statement of what was learned in the class will also need to be forwarded to CCL 10 days after the completion of the class.	Corrections: PITC Partners for Quality Training has been signed up for.
	Clearance Date: 09/09/2015

LICENSING EVALUATOR NAME: Phyllis Dyer

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR SIGNATURE:

A handwritten signature in black ink, appearing to be 'Phyllis Dyer', is written over a horizontal line.

DATE: 09/14/2015

This report must be available at Child Care and Group Home facilities for public review for 3 years.
Cleared POC Letter (FAS) - (04/05)

CCLD Regional Office
1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612



09/14/2015

EMERYVILLE CHILD DEVELOPMENT CENTER
010213812
1220 - 53RD STREET
EMERYVILLE, CA 94608

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 07/10/2015, have been cleared:

Section Cited: 101223(a)(3)	Date Due: 07/13/2015
Plan of Correction: Teacher was reprimanded for this action by the facility. Teacher will need to attend a class which encompasses personal rights/discipline and/or communicating with a child. Proof of class enrollment will need to be forwarded to CCL. A brief statement of what was learned in the class will also need to be forwarded to CCL 10 days after the completion of the class.	Corrections: PITC Partners for Quality Training has been signed up for.
	Clearance Date: 09/09/2015

LICENSING EVALUATOR NAME: Phyllis Dyer

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR SIGNATURE:

DATE: 09/14/2015

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Cleared POC Letter (FAS) - (04/05)

Page: 1 of 1

FACILITY EVALUATION REPORTCCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612

FACILITY NAME:	EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER:	010213812
ADMINISTRATOR:	GARCIA-ORTIZ, DIANA	FACILITY TYPE:	850
ADDRESS:	1220 - 53RD STREET	TELEPHONE:	(510) 596-4343
CITY:	EMERYVILLE	STATE:	CA
CAPACITY:	66	ZIP CODE:	94608
TYPE OF VISIT:	Case Management	CENSUS:	36
MET WITH:	Tanya Harris	UNANNOUNCED	
		DATE:	07/10/2015
		TIME BEGAN:	09:00 AM
		TIME COMPLETED:	04:00 PM

NARRATIVE

1 LPA Lisa Dyer and LPM Ann Robinson met with Tanya Harris. An incident occurred at the facility where a
2 staff person grabbed and pushed a child. An usual incident should have been filed with Licensing, detailing
3 the incident within the required time period.
4
5 See 809-D for deficiencies.
6
7 An exit interview was conducted with Tanya Harris. Appeal rights, notice of site visit and AB 633 were given.
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SUPERVISOR'S NAME: Ann Robinson**TELEPHONE:** (510) 622-2591**LICENSING EVALUATOR NAME:** Phyllis Dyer**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/10/2015**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 07/10/2015**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

FACILITY EVALUATION REPORT (Cont)CCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612**FACILITY NAME:** EMERYVILLE CHILD DEVELOPMENT
CENTER**FACILITY NUMBER:** 010213812**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 07/10/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 07/17/2015 Section Cited 101212(d)(1)C	<p>1 Reporting Requirements. Any unusual incident or</p> <p>2 child absence that threatens the physical or</p> <p>3 emotional health or safety of a child shall be</p> <p>4 reported to the Department within 24 hours of the</p> <p>5 occurrence. AN INCIDENT OCCURRED WHERE</p> <p>6 A STAFF GRABBED AND PUSHED A CHILD.</p> <p>7 INCIDENT REPORT WAS NOT SUBMITTED.</p>	<p>1 Director will need to complete an Unusual Incident</p> <p>2 Report fax and mail to CCL within 7 days explaining</p> <p>3 the details of the incident..</p>
	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>
	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>
	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Ann Robinson**TELEPHONE:** (510) 622-2591**LICENSING EVALUATOR NAME:** Phyllis Dyer**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR SIGNATURE:**

DATE: 07/10/2015

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/10/2015

DETAIL SUPPORTIVE INFORMATION

Interview

This form is intended to document information that is relevant to the licensing file but generally not public information, such as collateral visits. This would include back-up information on deficiencies such as conditions contributing to the severity of violations, witnesses to the violations, or other observation from field notes. When used to support the Licensing Report (LIC809) the form should be completed, signed and dated shortly after the visit. This assures accuracy and completeness of the detail of the public report.

CONFIDENTIAL

FACILITY NAME:	FACILITY NUMBER:	DATE(S) OF CONTACT:	COLLATERAL VISIT?
EMERYVILLE CHILD DEVELOPMENT CENTER	010213812	07/17/2015	No

1 S1 stated that S2 was reprimanded for pushing and grabbing a child. S2 English was broken, but stated that
2 she did not hit C1 but was trying to prevent him from grabbing the balloons and then her purse strap. It was
3 during the set up for graduation celebration. S3 stated center video was reviewed and determined that S2 did
4 not seem to hit the child but it was observed that she grabbed and pushed child. It was done to force the child
5 back into the classroom. S3 also stated there were some blind spots during the filming. A plan of discipline for
6 S2 will be a suspension for 3 days. in addition Licensing POC will be a class on children's personal rights.

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LICENSING EVALUATOR NAME: Ann Robinson

TELEPHONE: (510) 622-2591

LICENSING EVALUATOR SIGNATURE:



DATE: 07/17/2015

CCLD Regional Office
1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612



07/30/2015

EMERYVILLE CHILD DEVELOPMENT CENTER
010213812
1220 - 53RD STREET
EMERYVILLE, CA 94608

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 07/10/2015, have been cleared:

Section Cited: 101170(e)(1)	Date Due: 07/13/2015	
Plan of Correction: A copy of our LIS printout was given which showed all staff currently associated. All staff including substitutes must complete the criminal record process. Because this is a municipality, no civil penalties will be cited.	Corrections: All staff associated.	Clearance Date: 07/30/2015

LICENSING EVALUATOR NAME: Phyllis Dyer

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR SIGNATURE:

DATE: 07/30/2015

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Cleared POC Letter (FAS) - (04/05)

Page: 1 of 1

CCLD Regional Office
1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612



07/30/2015

EMERYVILLE CHILD DEVELOPMENT CENTER
010213812
1220 - 53RD STREET
EMERYVILLE, CA 94608

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 07/10/2015, have been cleared:

Section Cited: 101212(d)(1)C	Date Due: 07/17/2015	
Plan of Correction: Director will need to complete an Unusual Incident Report fax and mail to CCL within 7 days explaining the details of the incident..	Corrections: Report sent.	Clearance Date: 07/30/2015

LICENSING EVALUATOR NAME: Phyllis Dyer**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/30/2015

This report must be available at Child Care and Group Home facilities for public review for 3 years.
Cleared POC Letter (FAS) - (04/05)

Page: 1 of 1

CCLD Regional Office
1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612



07/21/2015

EMERYVILLE CHILD DEVELOPMENT CENTER
010213812
1220 - 53RD STREET
EMERYVILLE, CA 94608

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 07/10/2015, have been cleared:

Section Cited: 101239.2(a)	Date Due: 07/24/2015	
Plan of Correction: Director will need to provide drinking water for children both indoors and outdoors via a fountain or containers and cups.	Corrections: Beverage containers/coolers and cups have been purchased.	Clearance Date: 07/21/2015

LICENSING EVALUATOR NAME: Phyllis Dyer

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR SIGNATURE:

A handwritten signature in black ink, appearing to be 'Phyllis Dyer', is written over a horizontal line.

DATE: 07/21/2015

This report must be available at Child Care and Group Home facilities for public review for 3 years.
Cleared POC Letter (FAS) - (04/05)

Page: 1 of 1

CCLD Regional Office
1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612



08/04/2015

EMERYVILLE CHILD DEVELOPMENT CENTER
010213812
1220 - 53RD STREET
EMERYVILLE, CA 94608

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 07/10/2015, have been cleared:

Section Cited: 101239.1(c)(2)	Date Due: 07/24/2015	
Plan of Correction: Licensee has 2 weeks to complete a plan to separate bedding, ie. place bedding in individual cubbies; ziploc bags, etc. where no child's used bedding comes into contact with any other.	Corrections: Licensee obtained bags to store bedding individually.	Clearance Date: 07/30/2015
Section Cited: 101238(a)	Date Due: 07/24/2015	
Plan of Correction: Director will need to repair items prior to due date; and then submit proof of repairs to licensing	Corrections: Pictures/proof of repairs sent.	Clearance Date: 08/04/2015
Section Cited: 101239.2(a)	Date Due: 07/24/2015	
Plan of Correction: Director will need to provide drinking water for children both indoors and outdoors via a fountain or containers and cups.	Corrections: Beverage containers/coolers and cups have been purchased.	Clearance Date: 07/21/2015

LICENSING EVALUATOR NAME: Phyllis Dyer

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR SIGNATURE:

DATE: 08/04/2015

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Cleared POC Letter (FAS) - (04/05)

Page: 1 of 1

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/22/2015** and conducted by Evaluator Dayna Collier

PUBLIC**COMPLAINT CONTROL NUMBER: 02-CC-20150522163517**

FACILITY NAME:	EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER:	010213812
ADMINISTRATOR:	GARCIA-ORTIZ, DIANA	FACILITY TYPE:	850
ADDRESS:	1220 - 53RD STREET	TELEPHONE:	(510) 596-4343
CITY:	EMERYVILLE	STATE:	94608
CAPACITY:	66	CENSUS:	36
		UNANNOUNCED	
MET WITH:	Tanya Harris	DATE:	05/29/2015
		TIME VISIT BEGAN:	01:00 PM
		TIME COMPLETED:	02:30 PM

ALLEGATION(S):

1 PERSONAL RIGHTS: Staff inappropriately talk to children.
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INVESTIGATION FINDINGS:

1 LPA Dayna Collier met with Manager Tanya Harris for a complaint investigation regarding the above allegation.
2 Interviews were conducted. It was alleged that at least one staff member has been overheard and/or observed
3 communicating with children inappropriately. Interviews disclosed that one staff member's communication with
4 children has caused an adult overhearing to stop and assess whether the tone of voice and/or the words used
5 were appropriate. Although it may not have been the staff member(s) intent to violate the personal rights of
6 children, any assessment that causes an adult any concern can affect children in a negative fashion by causing
7 humiliation, intimidation and other ways of violating children's personal rights. As a result of the concern
8 above-mentioned, scheduled mandatory training will include additional techniques on how to avoid violating
9 children's personal rights. Based on the investigative findings, the complaint is substantiated.
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Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Zakiya Ali**TELEPHONE:** (510) 622-2592**LICENSING EVALUATOR NAME:** Dayna Collier**TELEPHONE:** 510-725-7010**LICENSING EVALUATOR SIGNATURE:****DATE:** 05/29/2015

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 05/29/2015

This report must be available at Child Care and Group Home facilities for public review for 3 years.

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT
CENTER

FACILITY NUMBER: 010213812

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 05/29/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 06/12/2015 Section Cited 101223(a)(1)	1 101223(a)(1) Personal Rights. Each child shall be 2 accorded dignity in his/her personal relationships 3 with staff, and other persons. 4 STAFF HAVE USED WORDS AND/OR TONES 5 OF VOICES THAT ARE INAPPROPRIATE AND 6 VIOLATE THE RIGHTS OF CHILDREN. 7	1 POC: By 6/12/15, a copy of the agenda and a 2 written plan of action will be sent to Licensing. 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Dayna Collier

TELEPHONE: 510-725-7010

LICENSING EVALUATOR SIGNATURE:



DATE: 05/29/2015

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/29/2015

CCLD Regional Office
1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612



03/05/2014

EMERYVILLE CHILD DEVELOPMENT CENTER
010213812
1220 - 53RD STREET
EMERYVILLE, CA 94608

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 02/22/2013, have been cleared:

Section Cited: 101170(e)(1)	Date Due: 02/22/2013	
Plan of Correction: SUBSTITUTE STAFF HAS CURRENT CLEARANCES, BUT WAS NOT ASSOCIATED TO THE FACILITY. ALL STAFF WORKING AT THE FACILITY MUST BE FINGERPRINT CLEARED OR ASSOCIATED PRIOR TO CONTACT WITH THE CHILDREN. NO CIVIL PENALTIES ISSUED DUE TO TITLE 5.	Corrections: Cleared.	Clearance Date: 03/08/2013
Section Cited: 101239	Date Due: 03/01/2013	
Plan of Correction: LICENSEE WILL BE GIVEN ONE WEEK TO CHARGE EXTINGUISHER.	Corrections: Picture sent. Cleared.	Clearance Date: 03/08/2013
Section Cited: 101221(b)(8)	Date Due: 03/01/2013	
Plan of Correction: LICENSEE WILL OBTAIN MEDICAL ASSESSMENT FOR CHILD #1 WITHIN ONE WEEK, AND REVIEW ALL CHILDREN'S RECORDS TO ASSURE THAT MEDICAL ASSESSMENTS ARE IN ALL FILES. CLEARED DURING VISIT.	Corrections: Cleared.	Clearance Date: 03/08/2013

LICENSING EVALUATOR NAME: Phyllis Dyer

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR SIGNATURE:

DATE: 03/05/2014

CCLD Regional Office
1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612



01/08/2014

EMERYVILLE CHILD DEVELOPMENT CENTER
010213812
1220 - 53RD STREET
EMERYVILLE, CA 94608

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 01/07/2014, have been cleared:

Section Cited: 101223(a)(1)	Date Due: 01/07/2014	
Plan of Correction: Staff has had training and monthly meetings since this complaint. At each meeting there is emphasis on the "team concept" and how to work together as a team. There are monthly discussions with role playing of various scenarios that may develop. CLEARED.	Corrections: Cleared By Visit.	Clearance Date: 01/07/2014
Section Cited: 101229(a)(1)	Date Due: 01/07/2014	
Plan of Correction: Process has changed. Teachers are never on the yard alone. Teachers are not allowed to take breaks when their class is in the yard. Director can monitor children in the yard from an office camera. Employees now "roam" in the yard and do not stand in one area. More activities are now planned to engage children in the yard. CLEARED.	Corrections: Cleared By Visit.	Clearance Date: 01/07/2014

LICENSING EVALUATOR NAME: Phyllis Dyer

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR SIGNATURE:

DATE: 01/08/2014

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Cleared POC Letter (FAS) - (04/05)

Page: 1 of 1

All POC Have Been Cleared

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

CLEARED DEFICIENCIES

CCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT
CENTER

FACILITY NUMBER: 010213812

VISIT DATE: 01/07/2014

POC Due Date / Section Number	PLAN OF CORRECTIONS(POCs)	Date Cleared / Comments
01/07/2014 101223(a)(1)	<div>1</div> <div>2 Staff has had training and monthly meetings since this</div> <div>3 complaint. At each meeting there is emphasis on the "team</div> <div>4 concept" and how to work together as a team. There are</div> <div>5 monthly discussions with role playing of various scenarios that</div> <div>6 may develop. CLEARED.</div> <div>7</div>	<div>1</div> <div>2 01/07/2014</div> <div>3 Cleared By Visit.</div> <div>4</div>
01/07/2014 Section Cited 101229(a)(1)	<div>1 Process has changed. Teachers are never on the yard alone.</div> <div>2 Teachers are not allowed to take breaks when their class is in</div> <div>3 the yard. Director can monitor children in the yard from an</div> <div>4 office camera. Employees now "roam" in the yard and do not</div> <div>5 stand in one area. More activities are now planned to engage</div> <div>6 children in the yard. CLEARED.</div> <div>7</div>	<div>1</div> <div>2 01/07/2014</div> <div>3 Cleared By Visit.</div> <div>4</div>
Section Cited	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div>
Section Cited	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div>

COMPLAINT INVESTIGATION REPORTCCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612

This is an official report of an unannounced visit/investigation of a complaint received in our office on
10/17/2013 and conducted by Evaluator Phyllis Dyer

PUBLIC**COMPLAINT CONTROL NUMBER: 02-CC-20131017150045**

FACILITY NAME:	EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER:	010213812
ADMINISTRATOR:	GARCIA-ORTIZ, DIANA	FACILITY TYPE:	850
ADDRESS:	1220 - 53RD STREET	TELEPHONE:	(510) 596-4343
CITY:	EMERYVILLE	STATE:	ZIP CODE: 94608
CAPACITY:	66	CENSUS:	38
		UNANNOUNCED	DATE: 01/07/2014
MET WITH:	Diana Garcia-Ortiz and Antoinette Edwards	TIME VISIT BEGAN:	01:24 PM
		TIME COMPLETED:	03:55 PM

ALLEGATION(S):

- 1 Personal Rights
- 2 Neglect/Lack of Supervision
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INVESTIGATION FINDINGS:

- 1 LPA Dyer met with Diana Garcia-Ortiz and Antoinette Edwards regarding the above allegations. Present today
- 2 are 38 children. Interviews were conducted with the children. Staff interaction with the children during the
- 3 scheduled time for outside activities was reviewed. Children stated during interviews that a teacher did yell at
- 4 them. During observations of staff during outside activities, all children were not visually supervised. As a
- 5 result of this, the above 2 allegations are substantiated. Please see 9099 D for the deficiencies cited. A copy
- 6 of the licensee's appeal rights were reviewed and a copy was given to the licensee. A notice of site visit was
- 7 posted and must remain posted for a period of 30 days.
- 8 The attached type A violation is cited today and must be corrected by the due date. Upon receipt, licensee
- 9 shall post and provide copies of this licensing report to parents/guardians of children in care at the facility and
- 10 to parents/guardians of children newly enrolled at the facility during the next 12 months. All parents/guardians
- 11 must sign an acknowledgement form of proof of receiving this report (LIC9224). The LIC 9224 must be placed
- 12 in the child's file to be reviewed by licensing. An exit interview was conducted with Diana Garcia-Ortiz.
- 13

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Ann Robinson**TELEPHONE:** (510) 622-2591**LICENSING EVALUATOR NAME:** Phyllis Dyer**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR SIGNATURE:****DATE:** 01/07/2014

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 01/07/2014

This report must be available at Child Care and Group Home facilities for public review for 3 years.

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT
CENTER

FACILITY NUMBER: 010213812

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/07/2014

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 01/07/2014 Section Cited 101223(a)(1)	1 Personal Rights. Each child shall be accorded 2 dignity in his/her personal relationships with staff, 3 and other persons. 4 Staff yells at children and speaks to them in an 5 inappropriate manner. 6 7	1 Staff has had training and monthly meetings since 2 this complaint. At each meeting there is emphasis 3 on the "team concept" and how to work together as 4 a team. There are monthly discussions with role 5 playing of various scenarios that may develop. 6 CLEARED. 7
Type A 01/07/2014 Section Cited 101229(a)(1)	1 Care and Supervision. No child(ren) shall be left 2 without the supervision, including visual 3 observation, of a teacher at any time except as 4 specified in secs. 101216.2(e)1 & 101230(c)1. 5 Teacher did not supervise children out on the yard. 6 It was observed that staff does not visually 7 supervise all children while on the yard.	1 Process has changed. Teachers are never on the 2 yard alone. Teachers are not allowed to take 3 breaks when their class is in the yard. Director can 4 monitor children in the yard from an office camera. 5 Employees now "roam" in the yard and do not 6 stand in one area. More activities are now planned 7 to engage children in the yard. CLEARED.
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Ann Robinson

TELEPHONE: (510) 622-2591

LICENSING EVALUATOR NAME: Phyllis Dyer

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR SIGNATURE:



DATE: 01/07/2014

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/07/2014

This Notice must be posted for 30 days



WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612



EDMUND G. BROWN JR.
GOVERNOR

November 12, 2013

EMERYVILLE CHILD DEVELOPMENT CENTER- 010213812
1220 - 53RD STREET
EMERYVILLE, CA 94608

This letter is to summarize the Non-Compliance Conference held in this office on November 6, 2013. Present at the meeting were: Barbara Bobincheck, Regional Manager, Community Care Licensing (CCL); Ann Robinson, Licensing Program Manager, CCL; Cindy Montero, Emeryville Community Services Director, Sabrina Landreth, Emeryville City Manager; Diana Garcia-Ortiz, Director, Emeryville Child Development Center (CDC); Antoinette Edwards, Education Supervisor, Emeryville CDC, and Lisa Dyer, Licensing Program Analyst, CCL.

A chronology of inspections from 2011 – 2013 was provided. The following issues were discussed:

- Personal Rights – staff yelling children, staff grabbing children, staff taking children out of class to confront other children, crying child treated harshly.
- Lack of Supervision – supervision issues on yard, supervision issues in classroom, visual supervision in rest room. Second degree burns on child's feet and hands, child with leaf in mouth, infant's hand lodged in door jam, infant bit on head several times by another child.
- Reporting Requirements – not reporting unusual incidents in a timely manner.
- Staff Training/Concerns – plan of correction effectiveness, specific employees linked to several incidents, union processes/meetings, progressive discipline, accountability, licensing actions.

Other issues/concerns discussed were videotaping/classroom cameras, monitoring, specific stationing on yard, "hands-on" coaching; new city management staff, and the Los Positas mentoring program

This conference was convened because of the serious licensing violations cited from 2011 – 2013. We impressed upon you the importance that the department places on your staff to insure children are being protected in both components at your facility. A copy of this summary letter will need to be given to parents of all children in care.

EMERYVILLE CHILD DEVELOPMENT CENTER - 010213812
PAGE TWO

Your analyst will be making more frequent visits to aid you in maintaining compliance. Record of compliance is extremely important and will weigh heavily in our decision for future administrative action against your license. I hope that this meeting clarified the issues at hand. If you have any questions regarding the interpretation of licensing regulations, please contact your analyst, Lisa Dyer, at (510) 622-2621. She is always available for consultation.

Sincerely,

A handwritten signature in cursive script, appearing to read "Barbara Bobincheck", written in dark ink.

Barbara Bobincheck
Regional Manager

COMPLAINT INVESTIGATION REPORTCCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612

This is an official report of an unannounced visit/investigation of a complaint received in our office on
10/17/2013 and conducted by Evaluator Phyllis Dyer

CONFIDENTIAL**COMPLAINT CONTROL NUMBER: 02-CC-20131017150045**

FACILITY NAME:	EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER:	010213812
ADMINISTRATOR:	GARCIA-ORTIZ, DIANA	FACILITY TYPE:	850
ADDRESS:	1220 - 53RD STREET	TELEPHONE:	(510) 596-4343
CITY:	EMERYVILLE	STATE:	ZIP CODE: 94608
CAPACITY:	66	CENSUS:	15
		UNANNOUNCED	DATE: 10/24/2013
MET WITH:	Diana Garcia-Ortiz	TIME VISIT BEGAN:	04:00 PM
		TIME COMPLETED:	05:00 PM

ALLEGATION(S):

- 1 Personal Rights
- 2 Neglect/Lack of Supervision
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INVESTIGATION FINDINGS:

- 1 LPA Lisa Dyer met with Diana Garcia-Ortiz regarding the above allegation. Interviews were completed, a roster
- 2 was provided, and a class schedule was obtained. More time is needed to investigate this complaint. Exit
- 3 interview with Diana Garcia-Ortiz.
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Needs Further Investigation**Estimated Days of Completion: 90****SUPERVISOR'S NAME:** Ann Robinson**TELEPHONE:** (510) 622-2591**LICENSING EVALUATOR NAME:** Phyllis Dyer**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR SIGNATURE:****DATE:** 10/24/2013

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 10/24/2013

This report must be available at Child Care and Group Home facilities for public review for 3 years.

FACILITY EVALUATION REPORTCCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612

FACILITY NAME:	EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER:	010213812
ADMINISTRATOR:	PULLIAM, JANET	FACILITY TYPE:	850
ADDRESS:	1220 - 53RD STREET	TELEPHONE:	(510) 596-4343
CITY:	EMERYVILLE	STATE:	CA
CAPACITY:	66	ZIP CODE:	94608
TYPE OF VISIT:	Case Management - Incident	CENSUS:	37
MET WITH:	Diane Garcia-Ortiz	UNANNOUNCED	
		DATE:	10/03/2013
		TIME BEGAN:	11:15 AM
		TIME COMPLETED:	01:30 PM

NARRATIVE

1 LPA Dayna Collier met with Center Director Diane Garcia-Ortiz and Cindy Montero, Community Services
2 Director, for a case management visit as a result of receiving an unusual incident report. An incident occurred
3 when a child observed an interaction between a staff member and another child at naptime. The child alleged
4 that the staff member pulled the child by the arm and put her on her cot. Interviews were conducted. A child
5 in care did not want her cot moved from one area on the carpet to another one. The staff member admitted
6 that she grabbed the child by the arm to guide her to her cot when the child appeared to not be cooperative.
7 Staff were informed that a child's personal rights includes but is not limited to any child's perception,
8 observation and/or interaction with anyone at the facility while in care that causes concern of any action of a
9 punitive nature to a child.
10 After the incident was reported to the Director, the incident was not report to Licensing within the timeframe
11 required because there was an attempt to gather additional information.
12

13 The attached type B deficiencies are cited today and must be corrected to the due dates. This report must be
14 available for public review for 3 years. An exit interview was conducted. Appeal rights were given and
15 discussed. A site visit notice was posted.
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SUPERVISOR'S NAME: Darryl Jefferson**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR NAME:** Dayna Collier**TELEPHONE:** (510) 725-7021**LICENSING EVALUATOR SIGNATURE:****DATE:** 10/03/2013**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 10/03/2013**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

FACILITY EVALUATION REPORT (Cont)CCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT
CENTER

FACILITY NUMBER: 010213812

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/03/2013

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 10/17/2013 Section Cited 101223(a)(3)	1 101223(a)(3) Personal Rights. Each child shall be 2 free from corporal or unusual punishment, 3 humiliation, intimidation, ridicule, coercion, threat, 4 mental abuse, or other actions of a punitive nature. 5 A STAFF MEMBER GRABBED A CHILD BY THE 6 ARM INAPPROPRIATELY WHICH WAS 7 OBSERVED BY ANOTHER CHILD IN CARE.	1 POC: By 10/17/13, a written plan of action will be 2 sent to Licensing detailing steps staff will take to 3 ensure that children's personal rights are not 4 violated while in care. 5 6 7
Type B 10/04/2013 Section Cited 101212(d)	1 101212(d) Reporting Requirements. A report shall 2 be made to the Department within 24 hours of the 3 occurrence of any unusual incident as specified. 4 AN INCIDENT OCCURRED BUT WAS NOT 5 REPORTED UNTIL INTERVIEWS WERE 6 CONDUCTED. 7	1 POC: Prior to today's visit, the deficiency was 2 cleared by Licensing's receipt of the incident report. 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Darryl Jefferson

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR NAME: Dayna Collier

TELEPHONE: (510) 725-7021

LICENSING EVALUATOR SIGNATURE:

DATE: 10/03/2013

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/03/2013

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/03/2013** and conducted by Evaluator Ann Robinson

PUBLIC**COMPLAINT CONTROL NUMBER: 02-CC-20131003135821**

FACILITY NAME:	EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER:	010213812
ADMINISTRATOR:	PULLIAM, JANET	FACILITY TYPE:	850
ADDRESS:	1220 - 53RD STREET	TELEPHONE:	(510) 596-4343
CITY:	EMERYVILLE	STATE:	ZIP CODE: 94608
CAPACITY:	66	CENSUS:	DATE: 10/11/2013
		UNANNOUNCED	TIME VISIT BEGAN: 11:19 AM
MET WITH:			TIME COMPLETED: 11:20 AM

ALLEGATION(S):

- 1 PERSONAL RIGHTS--TEACHER ALLEGED TO HAVE GRABBED AND THROWN A CHILD
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

INVESTIGATION FINDINGS:

- 1 The above allegation was self-reported, investigated by LPA Collier and substantiated on 10/3/13. An incident
- 2 occurred when a child observed an interaction between a staff member and another child at naptime. The child
- 3 alleged that the staff member pulled the child by the arm and put her on her cot. Interviews were conducted. A
- 4 child in care did not want her cot moved from one area on the carpet to another one. The staff member
- 5 admitted that she grabbed the child by the arm to guide her to her cot when the child appeared to not be
- 6 cooperative. Staff were informed that a child's personal rights includes but is not limited to any child's
- 7 perception, observation and/or interaction with anyone at the facility while in care that causes concern of any
- 8 action of a punitive nature to a child. After the incident was reported to the Director, the incident was not report
- 9 to Licensing within the timeframe required because there was an attempt to gather additional information.
- 10 This report must be available for public review for 3 years. An exit interview was conducted. Appeal rights
- 11 were given and discussed. A site visit notice was posted.
- 12 See 9099D Citation was recorded on 809D dated 10/3/13
- 13

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Barbara Bobincheck**TELEPHONE:** (510) 622-2590**LICENSING EVALUATOR NAME:** Ann Robinson**TELEPHONE:** (510) 622-2591**LICENSING EVALUATOR SIGNATURE:****DATE:** 10/11/2013

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 10/11/2013

This report must be available at Child Care and Group Home facilities for public review for 3 years.

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT
CENTER

FACILITY NUMBER: 010213812

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/11/2013

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 10/17/2013 Section Cited 101223(a)(3)	1 See 809D dated 10/3/13 for deficiency cited 2 3 4 5 6 7	1 2 3 4 5 6 7
Section Cited	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Section Cited	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Section Cited	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Barbara Bobincheck

TELEPHONE: (510) 622-2590

LICENSING EVALUATOR NAME: Ann Robinson

TELEPHONE: (510) 622-2591

LICENSING EVALUATOR SIGNATURE:

DATE: 10/11/2013

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

Ann Robinson

DATE: 10/11/2013

FACILITY EVALUATION REPORTCCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612

FACILITY NAME:	EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER:	010213812
ADMINISTRATOR:	PULLIAM, JANET	FACILITY TYPE:	850
ADDRESS:	1220 - 53RD STREET	TELEPHONE:	(510) 596-4343
CITY:	EMERYVILLE	STATE:	CA
CAPACITY:	66	ZIP CODE:	94608
TYPE OF VISIT:	Case Management - Incident	CENSUS:	40
MET WITH:	Maryanne Doan	UNANNOUNCED	
		DATE:	01/09/2012
		TIME BEGAN:	11:30 AM
		TIME COMPLETED:	01:00 PM

NARRATIVE

1 LPA Dayna Collier met with Program Manager Maryanne Doan for a case management visit as a result of
2 receiving an unusual incident report. An incident occurred when a child alleged that she was grabbed by the
3 neck by a staff member. Interviews were conducted. It appears that a staff member violated the personal
4 rights of a child when she put her hand on or near the child's neck. LPA was informed that staff members in
5 the accused staff member's capacity are never left alone to supervise children in the classroom. In addition,
6 the staff member involved denies grabbing the child by the neck. However, it is the child's perception that a
7 gesture of some kind involving the staff member putting her hand near or on the child's neck was a form of
8 discipline. Although the staff member may not intended to cause harm to the child, the gesture or action was
9 humiliating and therefore a violation of the child's personal rights.
10
11 The attached type B deficiency is cited today and must be corrected by the due date. An exit interview was
12 conducted. Appeal rights were given and discussed. This report must be available for public review for 3
13 years. A site visit notice was posted.
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SUPERVISOR'S NAME: Darryl Jefferson**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR NAME:** Dayna Collier**TELEPHONE:** (510) 725-7021**LICENSING EVALUATOR SIGNATURE:****DATE:** 01/09/2012**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 01/09/2012**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** EMERYVILLE CHILD DEVELOPMENT
CENTER**FACILITY NUMBER:** 010213812**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 01/09/2012

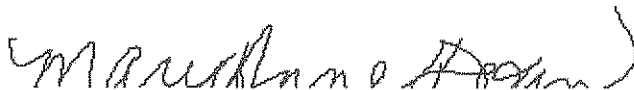
Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 01/23/2012 Section Cited 101223(a)(3)	<p>1 101223(a)(3) Personal Rights. Each child shall be</p> <p>2 free from corporal or unusual punishment,</p> <p>3 humiliation, intimidation, ridicule, coercion, threat,</p> <p>4 mental abuse, or other actions of a punitive nature.</p> <p>5 A STAFF MEMBER'S PHYSICAL CONTACT</p> <p>6 WITH A CHILD WAS A VIOLATION OF THE</p> <p>7 CHILD'S PERSONAL RIGHTS.</p>	<p>1 POC: By 1/23/12, a written plan of action will be</p> <p>2 submitted to Licensing.</p>
	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>
	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>
	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Darryl Jefferson**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR NAME:** Dayna Collier**TELEPHONE:** (510) 725-7021**LICENSING EVALUATOR SIGNATURE:**

DATE: 01/09/2012

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/09/2012

Memo

To: Infant Room Teachers Helen, Sandra, Ericka and Ms Grace:

Fr: Angela Williams P/C

Date: August 8, 2011

The following is a summary of our meeting held 8/3/11 at 12:35 pm.

Our Previous meeting recap dated July 5th 2011 was done.

The following items were discussed on August 3rd 2011:

- **The injury of Baby [REDACTED]** - It was agreed that at no time should a parent be told by staff they do not know how a baby got injured. Babies are to be under constant supervision at all times. There were eight babies and therefore his mother should not have been given the report that no one knew. Kitchen duties are not to be done when children are up because they need to be supervised.
- **Nap time-** A staff person should always be in the nap room but it is not necessary to feel like a prisoner, the person in the nap room can give an eye on the larger room while still being present for the babies who are sleeping. Babies who are busy can be kept occupied by the person in the nap room by opening the door and engaging the busier children in story time or singing songs. If there are several babies awake they need to be protected from those children who are walking. The person in the nap room can take one or two of the busy ones and keep them occupied, just as they would in the door way. Curtains are to be left open so that staff and babies can get some air and still keep an eye on the other children if someone needs to change a diaper or go to the kitchen for a bottle.
- **Groups-** It was discussed in the previous meeting that children be put in their groups and each person work with their group. At this meeting grouping was done as follows:
 - **Erica:** [REDACTED]
 - **Helen:** [REDACTED]
 - **Sandra:** [REDACTED]

Erica indicated she did not know how to do observations. I will work with her to do observations.

-
- **Breaks-** Breaks are to be taken on time, and you should return from your breaks on time- Lunch breaks and 15 minute breaks. It is essential to have proper classroom management for a smooth running class.

I also reminded the group that just recently we were cited for negligence and violating a child's rights by licensing. Children's charts are to be properly filled in so that parents can get the information they need regarding their child's sleep habits and feeding pattern.

You were reminded that you are responsible for each other to remind each other about duties that need to be done in the classroom; eg. Ouch reports, Charting. It was emphasized again that your focus should be on the babies.

FACILITY EVALUATION REPORTCCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612

FACILITY NAME:	EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER:	010213812
ADMINISTRATOR:	PULLIAM, JANET	FACILITY TYPE:	850
ADDRESS:	1220 - 53RD STREET	TELEPHONE:	(510) 596-4343
CITY:	EMERYVILLE	STATE: CA	ZIP CODE: 94608
CAPACITY:	64	CENSUS: 46	DATE: 10/18/2011
TYPE OF VISIT:	Case Management - Licensee Initiated	UNANNOUNCED	TIME BEGAN: 10:15 AM
MET WITH:	Angela Williams	TIME COMPLETED:	12:20 PM

NARRATIVE

1 A Case Management Visit was conducted on this date by LPA, Paulita De La Cruz. LPA met with acting
2 director, Angela Williams. The City of Emeryville is still in the process of hiring a permanent director. Ms.
3 Williams is a fully-qualified director. The center has submitted an application for change of capacity to add 2
4 more children. This is the preschool component of a combination center; other component onsite is an infant
5 program. The preschool program will now be operating in Rooms 1, 2, and 3 (formerly extended day room).
6
7 The new measurements for the preschool program are as follows:
8
9 INDOORS: 2,455 square feet = 70 children
10 OUTDOORS: 4592.75 square feet = 61 children
11
12 A health and safety inspection was conducted inside and outside. Proper teacher-child ratio was observed
13 during this visit. Complete first aid kits are available throughout the facility. Sufficient number of staff are
14 present today with current pediatric CPR and First Aid certificates.
15
16 The center has obtained an approved fire safety inspection from the Emeryville Fire Department on 9/21/11
17 and the report was received by LPA. The center will submit a waiver request to be licensed for 66 children
18 indoors and 61 children outdoors. The waiver request must include a schedule of outdoor play insuring no
19 more than 61 children are in the play yard at any one time.
20
21 There were no deficiencies cited during this visit. The center was found to be clean, safe, sanitary, and in
22 good repair. A license for 66 children will be issued effective 10/18/2011.
23
24 An exit interview was conducted.
25

SUPERVISOR'S NAME: Darryl Jefferson**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR NAME:** Paulita DeLaCruz**TELEPHONE:** (510) 542-4257**LICENSING EVALUATOR SIGNATURE:****DATE:** 10/18/2011

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 10/18/2011

This report must be available at Child Care and Group Home facilities for public review for 3 years.

FACILITY EVALUATION REPORT

FACILITY NAME:	EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER:	010213812
ADMINISTRATOR:	PULLIAM, JANET	FACILITY TYPE:	850
ADDRESS:	1220 - 53RD STREET	TELEPHONE:	(510) 596-4343
CITY:	EMERYVILLE	STATE: CA	ZIP CODE: 94608
CAPACITY:	64	CENSUS:	DATE: 07/29/2011
TYPE OF VISIT:	Case Management - Incident	UNANNOUNCED	TIME BEGAN: 12:45 PM
MET WITH:	Angela Williams	TIME COMPLETED:	02:00 PM

NARRATIVE

1 LPA Dayna Collier met with Program Coordinator Angela Williams for a case management visit as a result of
2 receiving an unusual incident report. An incident occurred when an infant in care began to cry continuously.
3 As staff attempted to comfort the child, it was discovered that the child's feet and hand were red and blistered.
4 The child received medical attention and was diagnosed and treated for second degree burns. Interviews of
5 staff present in the infant room were immediately conducted and written statements were submitted. None of
6 the staff members present actually saw the child walking outside in the playground barefoot nor can anyone
7 present explain how the child sustained burns to his feet and hand. Following the incident, a staff meeting
8 was held and a copy of the agenda was sent to Licensing.
9
10 The attached type B deficiencies are cited and must be corrected by the due dates. An exit interview was
11 conducted. Appeal rights were given and discussed. This report must be available for public review for 3
12 years. A site visit notice was posted.
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SUPERVISOR'S NAME: Darryl Jefferson**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR NAME:** Dayna Collier**TELEPHONE:** (510) 725-7021**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/29/2011**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 07/29/2011**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** EMERYVILLE CHILD DEVELOPMENT
CENTER**FACILITY NUMBER:** 010213812**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 07/29/2011

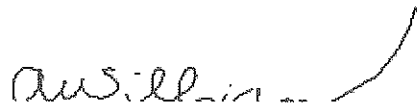
Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 07/30/2011 Section Cited 101229(a)(1)	1 101229(a)(1) Care and Supervision. No child(ren) 2 shall be left without the supervision, including 3 visual observation, of a teacher at any time except 4 as specified in sections 101216.2(e)(1) and 5 101230(c)(1). 6 AN INFANT SUSTAINED AN INJURY WHILE IN 7 CARE AND NONE OF THE STAFF HAVE KNOWLEDGE OF HOW INCIDENT OCCURRED.	1 POC: Prior to today's visit, a mandatory staff 2 meeting was conducted where policies and training 3 were provided. 4 5 6 7
Type B 07/30/2011 Section Cited 101223(a)(3)	1 101223(a)(3) Personal Rights. Each child shall be 2 free from corporal or unusual punishment, 3 humiliation, intimidation, ridicule, coercion, threat, 4 mental abuse, or other actions of a punitive nature. 5 WHILE IN CARE AN INFANT SUSTAINED 2ND 6 DEGREE BURNS TO HIS FEET AND HAND. 7	1 POC: Prior to today's visit, a mandatory staff 2 meeting was conducted where policies and training 3 were provided. 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Darryl Jefferson**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR NAME:** Dayna Collier**TELEPHONE:** (510) 725-7021**LICENSING EVALUATOR SIGNATURE:**

DATE: 07/29/2011

I acknowledge receipt of this form and understand my appeal rights as explained and received.


FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/29/2011

FACILITY EVALUATION REPORTCCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612

FACILITY NAME:	EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER:	010213812
ADMINISTRATOR:	PULLIAM, JANET	FACILITY TYPE:	850
ADDRESS:	1220 - 53RD STREET	TELEPHONE:	(510) 596-4343
CITY:	EMERYVILLE	STATE: CA	ZIP CODE: 94608
CAPACITY:	64	CENSUS: 37	DATE: 07/14/2011
TYPE OF VISIT:	Case Management - Licensee Initiated	UNANNOUNCED	TIME BEGAN: 11:45 AM
MET WITH:	Melinda Chinn & Angela Williams	TIME COMPLETED:	03:15 PM

NARRATIVE

1 A Case Management Visit was conducted on this date by LPA, Paulita De La Cruz. LPA met with Community
2 Services Director, Melinda Chinn and Angela Williams. The center has submitted an application for change of
3 capacity to add 2 more children. A health and safety inspection was conducted inside and outside. Proper
4 teacher-child ratio was observed during this visit.
5
6 The application will need to be resubmitted. The designated applicant is no longer employed by the City of
7 Emeryville.
8
9 A follow-up visit will need to be made. Per Ms. Melinda, the preschool program will be losing a classroom to
10 accomodate an increase for the infant program also onsite (Fac #010213813).
11
12 A fire clearance is still pending at this time.
13
14 An exit interview was conducted.
15
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SUPERVISOR'S NAME: Darryl Jefferson**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR NAME:** Paulita DeLaCruz**TELEPHONE:** (510) 292-9696**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/14/2011

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 07/14/2011

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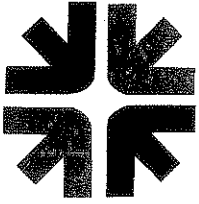
FACILITY EVALUATION REPORTCCLD Regional Office, 1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER: 010213812
ADMINISTRATOR: PULLIAM, JANET	FACILITY TYPE: 850
ADDRESS: 1220 - 53RD STREET	TELEPHONE: (510) 596-4343
CITY: EMERYVILLE	STATE: CA
CAPACITY: 64	ZIP CODE: 94608
TYPE OF VISIT: Annual/Random	CENSUS: 37
MET WITH: Melinda Chinn & Angela Williams	DATE: 07/14/2011
	TIME BEGAN: 11:45 AM
	TIME COMPLETED: 03:15 PM

NARRATIVE

1. An Annual/Random Visit was conducted on this date by LPA, Paulita De La Cruz. LPA met with Melinda
2. Chinn & Angela Williams. The center is currently in the process of hiring a site director. Program
3. Coordinator, Angela Williams, is a fully-qualified director and possess a Child Dev. Program Director Permit.
4. Ms. Williams is the acting director until the City of Emeryville hires a permanent site director.
- 5.
6. A health and safety inspection was conducted inside and outside. Proper teacher-child ratio was observed
7. during this visit. The classrooms are equipped with age appropriate toys, materials, and equipments. First
8. aid kits are available in the center. The play yard is fenced in and all climbing structures are sufficiently
9. cushioned. A functioning drinking fountain and shade areas are available for children.
- 10.
11. Children and staff records were reviewed. All staff present today are fingerprint cleared and sufficient number
12. of staff are present today with current pediatric CPR and First aid certificates.
- 13.
14. Zero Tolerance policies were discussed. The facility was found to be in substantial compliance during this visit
15. and there were no deficiencies cited during this visit.
- 16.
17. An exit interview was conducted.
- 18.
- 19.
- 20.
- 21.
- 22.
- 23.
- 24.
- 25.

SUPERVISOR'S NAME: Darryl Jefferson**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR NAME:** Paulita DeLaCruz**TELEPHONE:** (510) 292-9696**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/14/2011**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 07/14/2011**This report must be available at Child Care and Group Home facilities for public review for 3 years.**



CITY OF EMERYVILLE

INCORPORATED 1896

COMMUNITY SERVICES DEPARTMENT

4300 SAN PABLO AVENUE

EMERYVILLE, CALIFORNIA 94608-3517

TEL: (510) 596-4395 FAX: (510) 596-4339

Recap of Staff meeting July 12, 2011

We called a staff meeting on Tuesday July 12, 2011 at this meeting the staff was informed of the injury Lucas Tong received. The pictures brought in by the parents were shown so that all can understand and be reminded about the importance of knowing where children are at all times. Hand outs were given to staff to help them with more be responsive to infants, and helping them with transitions. Other handouts included:

- Outside rules
- Your child Rights (taken from our parent hand book) to reinforce to staff that we have promised to ensure the children in our care are safe, healthy, and their needs met.
- Professional behavior towards children (taken form Employee hand book).
- Professional behavior towards staff also taken from our Employee hand book).

The staff was informed that Licensing has been verbally in formed and a detailed written report will be sent in and Melinda as well as Licensing will be doing investigations.


Angela Williams

Program Coordinator

ECDC

STAFF MEETING

July 13, 2011

1. Mandy Cullen
2. Joseph Rojas
3. Kandra Farrott
4. Tanya Felt
5. Kym Daniels
6. Duana Brown
7. Nadine James
8. Sharon Kelly
9. William Kelly
10. William Kelly
11. Teresa Miles
12. Yordanos-Yemenab
13. Nicke McCarry
14. Dorothy Gray
15. Maurice Jones
16. Robert Wilson
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____

Agenda

Staff Meeting July 13,2011

- **Up date about changes**
- **Kinder Kamp**
- **Summer activities**
- **Enrollment**
- **Licensing up coming visit**
- **Update on recent outbreak(health concern)**
- **Staff relationship in the classroom**
- **Recent incident concerning Infant Room**
- **Handouts**
- **Questions, concerns, comments**

Outside Rules

1. The teacher should be first one outside.
2. First teacher is to spot-check yard for safety.
3. The teacher should move to interact with the children in such a way that her back is NEVER to the child.
4. THE TEACHERS ARE NOT TO SOCIALIZE WITH EACH OTHER DURING YARD DUTY.
5. TEACHERS ARE NOT TO SIT DOWN OUTSIDE.
6. Redirect children digging or throwing dirt.
7. Position yourself so that the entire yard or play area is visible.
8. The restroom needs to be monitored. A staff person must be near the restroom whenever a child needs to use it.
9. Children are only to sit on the slide and come down feet first.
10. Swinging from the railing is not allowed.
11. The climbing equipment needs to be watched for pushing and jumping from unsafe height and angles.
12. Climbing is to be done on the bars and climbers ONLY.
13. No climbing on the outside of the climbers.
14. No jumping off the climbers.
15. No running, jumping or lying down by the climber.
16. Tables, benches outside have the same limits as the inside tables and chairs.
17. The last teacher is to bring in the balls, playground equipment put away tricycles and leave the yard in an orderly fashion.
18. Do not leave your outside position unattended.

VII. YOUR CHILD'S RIGHTS

Each child receiving service from the Emeryville Child Development Center has rights, including, but not limited to, the following:

The right to be accorded dignity in his/her personal relationship with staff and other persons.

The right to be accorded safe, healthful and comfortable accommodations, furnishing and equipment to meet his/her needs.

The right to be free from corporal or unusual punishment, infliction of pain, humiliation intimidation, ridicule, coercion, threat, mental abuse, or other actions of the punitive nature, including, but not limited to, interference with the daily living functions, including eating, sleeping, toileting, or withholding of shelter, clothing medication or aids to physically function.

The right to be informed, and to have the authorized representative informed, by the licensee of the provisions of law regarding complaints, including, but not limited to, the address and telephone number of the licensing agency's complaint receiving unit, and information regarding confidentiality.

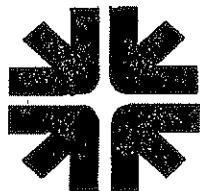
The right to be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice.

The right to leave or depart the facility at any time (with a parent or guardian), except for house rules established for the protection of clients or for minors and others from whom legal authority has been established.

The right to not be locked up in any room.

The right to not be placed in restraining devices without advance approval by the licensing agency and the parent.

Reference: State of California Health and Welfare Agency
Department of Social Services
Community Care Licensing Division
Section 80072, 101223
Title 22 California Administrative Code



CITY OF EMERYVILLE

INCORPORATED 1898

COMMUNITY SERVICES DEPARTMENT
CHILD DEVELOPMENT DIVISION

August 28, 2009

California Department of Social Services
Community Care Licensing Division
1515 Clay St. Suite 1102
Oakland, California 94612

ATTN: Ms. Dayna Collier

RE: Emeryville Child Development Center
1220 53rd St.
Emeryville, Ca. 94608
Facility # 010213812

Plan of Action:

The administration of Emeryville Child Development Center (ECDC) takes very serious the violation of Personal rights that was self-reported on Thursday, July 9, 2009. Attached documents outline our plan of action to ensure that staff receives proper training on personal rights for children.

Program administration has also reviewed work schedules and classroom assignments. Staff meetings have increased to bi-monthly rather than monthly. This allows administration more frequent opportunities for review of policies. Review and revision city personnel policies and M.O.U for the child development center are being reviewed by the City of Emeryville Human Resources Dept. to ensure that immediate action is taken when improper behavior is reported.

Please contact me if any further information is needed.

Janet Pulliam

Program Manager
Emeryville Child Development Center

Emeryville Child Development Center
Plan of Action

Action	Date	Training Topic	Attendees
1. Emergency Staff Meeting	7/9/09	Review of child's rights Positive Re-direction Professional Behavior towards children Professional Behavior for Staff Rules for Discipline of children Ways to Say "Good for You" Review of City of Emeryville "zero tolerance" And causes for discipline policy.	All Staff
2. ECDC Leadership team Mtg	7/13/09	Review of daily work schedules to increase Daily classroom monitoring/supervision	Program Manager Program Coordinators
3. Staff Meeting	8/20/09	Review of positive approaches To discipline -- classroom management	All Staff
4. Staff Development Training	8/24 - 8/31	Positive supervision How to handle difficult children Stress Management (Lindy West) Creating environments Observing children (Christy Verde)	All Staff

Emeryville Child Development Center
Plan of Action
Pg. 2

In addition to the trainings held, the following trainings are being scheduled

- | | |
|---|--------------------|
| 1. Proper methods of handling children | Gwen Elliott |
| 2. Stress Management for children & staff | Zoe Sameth |
| 3. Yoga for children / staff | Cherida Gruenfeldt |
| 4. Classroom Management | Val Watts |

FACILITY EVALUATION REPORT

FACILITY NAME:	EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER:	010213812
ADMINISTRATOR:	PULLIAM, JANET	FACILITY TYPE:	850
ADDRESS:	1220 - 53RD STREET	TELEPHONE:	(510) 596-4343
CITY:	EMERYVILLE	STATE:	CA
CAPACITY:	64	ZIP CODE:	94608
TYPE OF VISIT:	Case Management - Incident	CENSUS:	39
MET WITH:	Janet Pulliam	UNANNOUNCED	
		DATE:	08/18/2009
		TIME BEGAN:	11:00 AM
		TIME COMPLETED:	11:45 AM

NARRATIVE

1 LPA Dayna Collier met with Program Manager Janet Pulliam for a case management visit as a result of
2 receiving an unusual incident report. An incident occurred when a staff member was observed with her hands
3 in a child's hair. The gesture followed a reprimand with the staff member leading the child from the
4 playground to the classroom by his hair. The staff member was informed that this behavior was a violation of
5 the child's personal rights, regardless of her intent to inflict pain or not. Following the incident, administrative
6 action was taken with the staff member. Per Ms. Pulliam, training will continue with staff on proper discipline
7 techniques, children's personal rights, etc.
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9 The attached type B deficiency is cited today and must be corrected by the due date. An exit interview was
10 conducted. Appeal rights were given and discussed. This report must be available for public review for 3
11 years.
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SUPERVISOR'S NAME: Darryl Jefferson**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR NAME:** Dayna Collier**TELEPHONE:** (510) 725-7021**LICENSING EVALUATOR SIGNATURE:****DATE:** 08/18/2009**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 08/18/2009**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

FACILITY EVALUATION REPORT (Cont)BAY AREA-CC OAKLAND, 1515 CLAY STREET., SUITE 1102
OAKLAND, CA 94612FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT
CENTER

FACILITY NUMBER: 010213812

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/18/2009

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 09/01/2009 Section Cited 101223(a)(3)	<p>1 PERSONAL RIGHTS: A child's personal rights 2 were violated when a staff member led him by his 3 hair to class. 4 5 6 7</p> <p>1 2 3 4 5 6 7</p> <p>1 2 3 4 5 6 7</p> <p>1 2 3 4 5 6 7</p>	<p>1 POC: By 9/1/09, a written plan of action will be 2 submitted to Licensing. 3 4 5 6 7</p> <p>1 2 3 4 5 6 7</p> <p>1 2 3 4 5 6 7</p> <p>1 2 3 4 5 6 7</p>

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Darryl Jefferson

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR NAME: Dayna Collier

TELEPHONE: (510) 725-7021

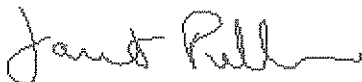
LICENSING EVALUATOR SIGNATURE:



DATE: 08/18/2009

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/18/2009

FACILITY EVALUATION REPORT

FACILITY NAME:	EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER:	010213812
ADMINISTRATOR:	LETCHAW, ELEANOR	FACILITY TYPE:	850
ADDRESS:	1220 - 53RD STREET	TELEPHONE:	(510) 596-4343
CITY:	EMERYVILLE	STATE: CA	ZIP CODE: 94608
CAPACITY:	64	CENSUS: 49	DATE: 06/03/2009
TYPE OF VISIT:	Case Management - Incident	UNANNOUNCED	TIME BEGAN: 02:00 PM
MET WITH:	Janet Pulliam		TIME COMPLETED: 03:15 PM

NARRATIVE

1 LPA Dayna Collier met with Program Manager Janet Pulliam for a case management visit as a result of
2 receiving an Unusual Incident report. An incident occurred on the playground when a staff member allegedly
3 hit a child on the hand. Interviews were conducted. It appears that the staff member's intent was not to slap
4 the child's hand but to grab the child by the hand to prevent him/her from hitting another staff member. The
5 child was playfully hitting the staff member as a game. The staff member stated that she instructed the child
6 to "stop hitting" but the child continued. Another staff member intervened by reaching to grab the child's hand
7 while the child's hand was in motion to hit and the physical contact made a "slapping" noise. The child began
8 to cry. Although it cannot be determined whether the child cried because of pain, humiliation or fear, the
9 method used by the staff member to stop the unwanted behavior was a violation of the child's personal rights.
10 Per staff, a staff meeting followed the incident. At this meeting, the following topics were discussed: proper
11 discipline techniques, children's personal rights and mandated reporting requirements.

12
13 The following type B deficiency is cited today and must be corrected by the due date. An exit interview was
14 conducted. Appeal rights were given and discussed. This report must be available for public review for 3
15 years. A site visit notice was posted.
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SUPERVISOR'S NAME: Darryl Jefferson**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR NAME:** Dayna Collier**TELEPHONE:** (510) 725-7021**LICENSING EVALUATOR SIGNATURE:****DATE:** 06/03/2009**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 06/03/2009**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

FACILITY EVALUATION REPORT (Cont)FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT
CENTER

FACILITY NUMBER: 010213812

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/03/2009

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 06/10/2009 Section Cited 101223(a)(3)	<p>1 CHILD'S PERSONAL RIGHTS: A staff member's</p> <p>2 action to intervene between the child and another</p> <p>3 staff member violated the child's personal rights.</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>	<p>1 POC: By 6/10/09, a written plan of action will be</p> <p>2 sent to Licensing detailing the training conducted at</p> <p>3 staff meeting.</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Darryl Jefferson

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR NAME: Dayna Collier

TELEPHONE: (510) 725-7021

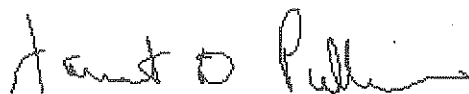
LICENSING EVALUATOR SIGNATURE:



DATE: 06/03/2009

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:




DATE: 06/03/2009

FACILITY EVALUATION REPORTBARO Child Care, 1515 Clay St., #1102
Oakland, CA 94612

FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER: 010213812
ADMINISTRATOR: LETCHAW, ELEANOR	FACILITY TYPE: 850
ADDRESS: 1220 - 53RD STREET	TELEPHONE: (510) 596-4343
CITY: EMERYVILLE	STATE: CA
CAPACITY: 64	ZIP CODE: 94608
TYPE OF VISIT: Annual/Random	CENSUS: 52
MET WITH: Janet Pulliam	UNANNOUNCED
	DATE: 02/26/2008
	TIME BEGAN: 12:00 PM
	TIME COMPLETED: 03:05 PM

NARRATIVE

1 LPA, Hollie, met with Director, Janet Pulliam and Staff member Ms. Margo for the purpose of a Annual
2 Random visit. A tour of all the classrooms was conducted. All required forms are posted. The sign in/sign
3 out book was reviewed. The facility appears to be in good repair Toys, furniture and equipment is free from
4 sharp or broken parts. Furniture and equipment is age appropriate. Bathrooms and toilets flush, there is
5 sufficient toilet paper, paper towels and soap. Staff bathrooms remain separate. Menus are posted and food
6 preparation area is inaccessible to children. Food preparation area is clean and toxins are not stored near
7 food items or snacks. The facility has lots of storage for food items and snacks. Napping equipment and
8 bedding are stored individually and is easily identifiable. The facility conducts disaster drills and
9 documentation was viewed. Mostly all staff are CPR/FA trained which does not expires until 10-08.
10 A sampling of children's records and staff records were viewed.
11 All staff are fingerprint cleared as a condition of their employment and most staff are Fully qualified teachers.
12 The Director of the facility is Janet Pulliam, LPA will updates our records to reflect this. Ms. Pulliam is a
13 qualified director.
14 The outside area was toured. The facility is still entirely fenced. There is a play structure that has padding for
15 cushioning. There did not appear to be times that would pose a hazard to children. The outside water
16 fountain does not work and the staff bring water and cups out for the children. The facility is advised to drain
17 that because water has collected in the water fountain this could pose a mosquito hazard. LPA is requesting
18 that the facility remove the water from the fountain as a safety precaution.
19
20 **THERE ARE NO DEFICIENCIES CITED**
21 **THIS REPORT MUST REMAIN ON FILE FOR THREE YEARS. EXIT INTERVIEW CONDUCTED AND**
22 **APPEAL RIGHTS DISCUSSED. SITE VISIT NOTICE PROVIDED AND MUST REMAIN POSTED FOR 30**
23 **DAYS.**
24
25

SUPERVISOR'S NAME: Barbara Bobincheck**TELEPHONE:** (510) -62-2602**LICENSING EVALUATOR NAME:** Ronda Hollie**TELEPHONE:** 510-725 7004**LICENSING EVALUATOR SIGNATURE:****DATE:** 02/26/2008**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 02/26/2008**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

FACILITY EVALUATION REPORT

FACILITY NAME:	EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER:	010213812
DIRECTOR:	LETCHAW, ELEANOR	FACILITY TYPE:	850
ADDRESS:	1220 - 53RD STREET	TELEPHONE:	(510) 596-4343
CITY:	EMERYVILLE	STATE: CA	ZIP CODE: 94608
CAPACITY:	64	CENSUS: 56	DATE: 02/14/2005
TYPE OF VISIT:	Annual/Random	UNANNOUNCED	TIME BEGAN:
MET WITH:	Eleanor Letchaw & Janet Pulliam		TIME COMPLETED:

DEFICIENCY INFORMATION FOR THIS PAGE:
No Deficiency Cited**CIVIL PENALTY INFORMATION:**
Not Applicable**COMMENTS/DEFICIENCIES**

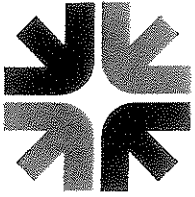
1	LPA, Michele Byers, met with Director, Eleanor Letchaw and Assistant Director, Janet Pulliam to conduct an
2	annual/random visit. The physical plant was toured and a health and safety inspection was done. Children's
3	records and records of staff employed after the annual inspection of 1/03 were reviewed.
4	
5	All staff/adults requiring criminal record/child abuse checks have clearances on file.
6	
7	No deficiencies noted today.
8	
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10	ALL RECORDS MUST BE MAINTAINED FOR 3 YEARS AND MADE AVAILABLE TO THE PUBLIC UPON
11	REQUEST.
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Darryl Jefferson**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR NAME:** Michele Byers**TELEPHONE:** (510) 622-2628**LICENSING EVALUATOR SIGNATURE:** **DATE:** 02/14/2005

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 02/14/2005



CITY OF EMERYVILLE

INCORPORATED 1896

CHILD DEVELOPMENT CENTER

1220 53RD STREET
EMERYVILLE, CALIFORNIA 94608-2923

TEL: (510) 596-4347 FAX: (510) 596-4388

January 24, 2003

Michele Byers, Licensing Evaluator
State Department of Social Services
Community Care Licensing
1515 Clay Street Suite 1102
Oakland, California 94612

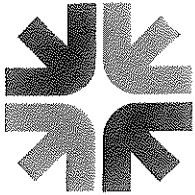
Dear Ms. Byers:

This letter will serve as documentation of the In-Service Training that was provided at Emeryville Child Development Center on Tuesday, January 21, 2003 in the form of Staff Development based upon a complaint that a child's rights were violated (refer to Complaint Control Number 26575).

It is important for the record to show that your visit to our agency occurred on October 25, 2002 regarding this complaint. On October 28, 2002 we had each staff member read and review the Children's Rights and sign the document. Enclosed is the memorandum that given to each staff member.. The information was explained in a special staff meeting held on October r 29, 2002 Children's Rights were a topic of discussion at our November meeting and a topic of discussion at our January 7, 2003 staff meeting. topic of our discussion. At the latter meeting no findings had been given despite the fact the your visit occurred on January 7, 2003 but not concluded until January 13, 2003.

Another Special, mandatory, meeting was held on Tuesday, January 21, 2003 to provide the training that was listed on Complaint #26575 under "Plan of Correction". The training was conducted by the Director and Assistant Director, Janet Pulliam. The topics included Classroom Management for Better Behavior; Strategies for Promoting Positive Behaviors, Teacher Control Checklist; Assessing Classroom Management Skills; Acceptable Ways of Disciplining Children;; Infant Behaviors and Infant Behaviors and Appropriate Responses. Staff was encouraged to concentrate on developing good social skills with the children, to know the children they work with and to make sure that activities are age appropriate. Staff members were encouraged to 'Develop Silliness' and have fun with the children - to Lighten Up! A Copy of the Agenda and handouts are enclosed. Also enclosed is the sign-in sheet that all attending staff members signed.





CITY OF EMERYVILLE

INCORPORATED 1896

CHILD DEVELOPMENT CENTER

1220 53RD STREET

EMERYVILLE, CALIFORNIA 94608-2923

TEL: (510) 596-4347 FAX: (510) 596-4388

January 23, 2003

Mr. Darryl Jefferson, Supervisor
State Department of Social Services
Community Care Licensing
1515 Clay Street
Oakland, California

Dear Mr. Jefferson:

This letter is written to request that Teacher Angela Williams' name be removed from the complaint that is on file due to a complaint by an anonymous person.

It was reported that someone called your agency to report that Ms. Williams snatches and pulls the children at our center and speaks harsh and rude to them. Despite the fact the Michele Byers, licensing evaluator, investigated the incident and substantiated it, we know that the children genuinely love "Teacher Angela". Her class includes at least 7 very challenged children who require constant attention, reminding and almost need one-on-one supervision. She has effectively reduced the incidences of violent behavior towards other children in her class. She has worked effectively with these children so that they can be included in the academic activities that they so desperately need to succeed and go on to kindergarten. More children and parents would benefit from having a teacher like Angela Williams. She is the best teacher on our staff.

Many parents look forward to having their child go into Angela's class. Parents have a good rapport with her. We feel certain that if any child ever told their parent that Teacher Angela had done anything to them, the parents would have questioned her and then reported the incident to our office.

No staff person employed at Emeryville Child Development Center has ever been responsible to injuring a child, losing a child, or abusing child in any way. Without knowing the exact circumstances or actually witnessing an incident any presumption can be made

Angela Williams has recently been selected as a Mentor Teacher with the State Department of Education. She is highly qualified for the position. This means that students will work with her at our site to learn good teaching techniques. It would be a disaster for her to miss out on this opportunity because of several 3 years old's PERCEPTIONS. Her reputation and career are now the line because of those perceptions.



We have already conducted a staff meeting where teachers were given Strategies for Promoting Positive Behavior, Assessing Management Skills, Classroom Management for Better Behavior and Acceptable Ways of Disciplining Children (see Agenda and materials submitted to Michele Byers).

Emeryville Child Development Center has been in operation for 24 years. We are proud of the high quality child development services that are provided at our center. We are committed to working with all types of children and families. Our reputation is good and we work hard to keep highly qualified, dedicated staff who provide excellent learning experiences for children

Your consideration of this request to remove Angela Williams' name from the complaint would be greatly appreciated. If other information is needed, please do not hesitate to contact me Monday through Friday at (510) 596-4343.

Sincerely,

A handwritten signature in cursive script, appearing to read "Eleanor J. Letchaw".

Eleanor J. Letchaw,
Executive Director..

FACILITY EVALUATION REPORT

FACILITY NAME:	EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER:	10213812
DIRECTOR:	LETCHAW, ELEANOR	FACILITY TYPE:	850
ADDRESS:	1220 - 53RD STREET	TELEPHONE:	(510) 596-4343
CITY:	EMERYVILLE	STATE: CA	ZIP CODE: 94608
CAPACITY:	64	CENSUS: 53	DATE: 01/13/2003
TYPE OF VISIT:	Annual	UNANNOUNCED	TIME BEGAN: 09:45 AM
MET WITH:	Eleanor Letchaw, Director	TIME COMPLETED:	04:20 PM

DEFICIENCY INFORMATION FOR THIS PAGE:

Type B

CIVIL PENALTY INFORMATION:

Not Applicable

COMMENTS/DEFICIENCIES

- 1 LPA Michele Byers ,met with Eleanor Letchaw to conduct a comprehensive annual visit. The facility was
- 2 toured and a complete health and safety inspection was done. Children's and staff records were reviewed.
- 3 The center is a combination center with a preschool and infant program. All required forms are posted
- 4 including the new Parent's Right's Notification Poster. There is a working telephone on site. There is
- 5 sufficient age appropriate equipment, indoors and out, with adequate storage. There are several first aid kits
- 6 on site. There is a fully equipped food preparation area on site. The play yard is completely fenced and the
- 7 climbing equipment is portable or anchored with ground cushioning. Drinking water is available inside and
- 8 outside.
- 9
- 10 All staff have fingerprint clearances on file or have been recently fingerprinted.
- 11
- 12 Copy of this report must be kept on site and available for public review upon request for 3 years.
- 13
- 14 An exit interview was conducted and appeal rights were explained.
- 15
- 16
- 17
- 18 SEE LIC 809-D FOR CITATIONS.
- 19
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Darryl Jefferson**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR NAME:** Michele Byers**TELEPHONE:** (510)873-6410**LICENSING EVALUATOR SIGNATURE:** **DATE:** 01/13/2003

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 01/13/2003

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** EMERYVILLE CHILD DEVELOPMENT
CENTER**FACILITY NUMBER:** 10213812**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 01/13/2003

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 02/12/2003 Section Cited 101216(g)(1)(2)	1 PERSONNEL REQUIREMENTS. 2 Staff person C.Turner does not have a physician's report and 3 T.B. test results on file. 4 5 6 7	1 C. Turner will have a physician's report 2 and T.B. test on file by 02/12/03. 3 4 Mail copy to CCL by 02/12/03. 5 6 7
Type B 02/03/2003 Section Cited 101218.1(1)	1 ADMISSION PROCEDURES. 2 The Notification of Parents' Rights receipt (LIC 995 [8/02]) is not 3 in the children's files. 4 5 6 7	1 Parents' Rights receipt (8/02) will be in 2 the children's files by 2/03/02. 3 4 5 6 7
Type B 02/12/2003 Section Cited 101220(a)(d)(1)(2)	1 CHILD'S MEDICAL ASSESSMENTS. 2 Child identified as C7 (refer to children's records review of 3 1/13/03) does not have a physician report on file. 4 5 6 7	1 Obtain physician report for C7 by 2/12/03. 2 3 4 5 6 7
02/12/2003	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Darryl Jefferson**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR NAME:** Michele Byers**TELEPHONE:** (510)873-6410**LICENSING EVALUATOR SIGNATURE:** **DATE:** 01/14/2003

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE: _____**DATE:** 01/14/2003

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on
10/25/2002 and conducted by Evaluator Michele Byers

PUBLIC**COMPLAINT CONTROL NUMBER: 26575**

FACILITY NAME:	EMERYVILLE CHILD DEVELOPMENT CENTER	FACILITY NUMBER:	10213812
DIRECTOR:	LETCHAW, ELEANOR	FACILITY TYPE:	850
ADDRESS:	1220 - 53RD STREET	TELEPHONE:	(510) 596-4343
CITY:	EMERYVILLE	STATE:	CA
		ZIP CODE:	94608
CAPACITY:	64	CENSUS:	
		DATE:	01/07/2003
MET WITH:	Eleanor Letchaw, Director	TIME BEGAN:	08:50 AM
		TIME COMPLETED:	09:45 AM

ALLEGATION(S):

1 Personal Rights -- De Angela Williams snatches and pulls the children; and speaks harsh and rude to them.
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3
4
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9

INVESTIGATION FINDINGS:

1 LPA Michele Byers interviewed teachers, children, and parents. All of the teachers said that they had not seen
2 or heard anyone speaking rudely, harshly, or yelling at the children. Teacher De Angela Williams stated that
3 she has a strong voice. All of the teachers stated that they had not observed any inappropriate
4 discipline/behavior used by anyone at the facility; and all said that the facility uses re-direction and time out to
5 discipline children. The children said that teacher Angela yells and pulls them. Some of the children specifically
6 stated that their wrist had been pulled. The children also said that another teacher yells and pulls their arms
7 and wrists. Interview with the parents revealed that one child told his parent that teacher Angela yelled too
8 much. Based upon the investigative findings the allegation is substantiated.
9
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Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Darryl Jefferson**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR NAME:** Michele Byers**TELEPHONE:** (510) 873-6410**LICENSING EVALUATOR SIGNATURE:** **DATE:** 01/07/2003

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 01/07/2003

COMPLAINT INVESTIGATION REPORT (Cont)FACILITY NAME: EMERYVILLE CHILD DEVELOPMENT
CENTER

FACILITY NUMBER: 10213812

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/07/2003

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 02/12/2003 Section Cited 101223(a)(1), (3)	1 PERSONAL RIGHTS. 2 Teacher Angela Williams has pulled children's wrist and yelled at 3 them. Another teacher has also yelled at the children and pulled 4 their arms and wrists.(The Center has already had one staff 5 meeting to address children's personal rights). 6 7	1 The Center will develop a curriculum and 2 have an in-service training on children's 3 personal rights with special emphasis on 4 touch and tone of voice. A general review 5 of discipline is also recommended. Submit 6 in-service description and roster of who 7 was present to CCL by 2/12/03 POC
Section Cited	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Darryl Jefferson

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR NAME: Michele Byers

TELEPHONE: (510)873-6410

LICENSING EVALUATOR SIGNATURE: 

DATE: 01/13/2003

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE: 

DATE: 01/13/2003

Page 2: Emeryville Child Development Center

Further, we have requested that the Teacher's name be removed from the complaint. A copy of the letter to Darryl Jefferson, Supervisor, is enclosed. We hope that it will be sincerely considered Ms. Williams has been appropriately disciplined according the City of Emeryville Employee Guidelines. The center has a substantiated complaint against it. It is hoped that enough has been done to her for what has been reported and perceived to be true. We have all suffered for what I consider to be a cowardly act against her

Please let us know what decision is made regarding removing Angela Williams' name from the complaint. Thank you for your attention to this matter.

Sincerely

A handwritten signature in cursive script, appearing to read "Eleanor J. Letchaw".

Eleanor J. Letchaw,
Executive Director

Enclosures:

Memo 10-28-02
Staff Meeting Agenda 1-21-03
Staff Sign-in Sheet
Handouts
Letter to Md. Jefferson.